

REVELATIONS IN POLICY STABILITY

Revelations in Policy Stability:
Political Climate, Legislative Strategy, and
Chemical Dependency Treatment Policy in Minnesota
1995-2008

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*Dedicated to all who have been lost to chemical dependency, all who currently suffer, and all
who work tirelessly to help find mindful resolution.*

Abstract

This thesis examines Minnesota's Health and Human Services legislative committees through seven biennia, from 1995 to 2008 to better understand the successes and challenges within the current chemical dependency treatment system. Examination is carried out through the use of individual and aggregate ideological data. Trends in both median and mean polarization reveal the level of partisanship between bodies over time, while standard deviation that of homogeneity. Beyond partisanship, three contrasting theories are used to analyze potential legislative strategy. Polarization and theory are then used in used conjunction to observe appropriations and policy output. Analysis suggests strong relationships between legislation and polarization, homogeneity, and the applicable strategic theory. This research proposes that legislative committee appointments may indicate and predict a given session's political climate, strategy, potential committee output and its likelihood of passage.

Keywords: chemical dependency treatment, polarization, ideology, partisanship, homogeneity, Conditional Party Government theory, Information and Legislative Organizational theory, Major Party Cartel theory

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Introduction

It has been six decades since Minnesota first established itself as an innovator of alcohol and drug abuse treatment, a reputation it has renewed on multiple occasions in subsequent years. The “Minnesota Model” of chemical dependency (CD) treatment was first developed for the chronic inebriate in the state hospital system and was quickly adopted by the then-fledgling Hazelden Foundation in 1949 (Willenbring, 2010). This model integrates the 12-step practice of Alcoholics Anonymous into the treatment environment and today serves as the core for more than 90% of all treatment practices in the US (McLellan and Meyers, 2004). In response to the growing demand for professionally trained counselors in the late 1960s, Minnesota State Junior College in Minneapolis first offered what is now one of the longest running addiction counseling degree programs in the country. This program and other curricula led the way to graduate degree programs for addiction studies at numerous institutions including the University of Minnesota.

E.M. Jellinek promulgated the concept of addiction as disease in 1960, an idea that gained the support of counseling professionals and the scientific community. In Minnesota, reform advocates urged legislative action regarding alcoholism and addiction, resulting in the decriminalization of public intoxication in 1971 and the establishment of the current statewide

county-based treatment system in 1973. Early treatment programs were dominantly oriented toward the white male demographic but programs aimed at minority populations such as women, youth, and Native Americans were initiated in 1976. The Consolidated Chemical Dependency Treatment Fund (CCDTF) was legislated in 1986 and soon became recognized as a superior cost-containing measure ensuring public assistance for low-income citizens requiring CD treatment.

In recent years there has been a rising tide of challenges to treatment in Minnesota, driven by decreasing number of those completing treatment, both in percentage and number, despite greater access and utilization of the system than ever before. There is tremendous effort to develop adequate theory and practice regarding the physiological, psychological, emotional, familial, and social aspects of the circumstance, yet there is a general lack of research in a field in which my research shows importance relevance: political science.

With this thesis I explore the political origins of the treatment system to better understand current successes and challenges within the system. I propose we consider the system's legislative history and regard the issue more than one of public health; perhaps that politics may be as strong a variable in effective treatment as any within the client or counselor. It may be uncommon to consider a political relationship to CD treatment, yet as my research shows, there are connections between a given political climate and its contemporary legislation. Through the consideration of history and the thorough examination of the Health and Human Services committees I intend to offer the possibility of predicting future trends, perhaps as a means of curbing potential hindrances to treating populations in need.

This thesis begins with an overview of chemical dependency in Minnesota in historic and contemporary contexts. “The Changing Current of Minnesota’s Treatment Statistics” discusses the personal and social importance of CD treatment, told through statewide statistics from 2006 to present day. Here I show as there are considerable negative impacts caused by chemical dependency, there are indeed numerous, interconnected benefits to its treatment.

Second, “The Political and Legal Foundations” explores social, legal, and political landmarks in the management of chemical dependency throughout the twentieth century. The state has played a significant role in the classic and contemporary approach to CD treatment, both at home and throughout the country, and it is paramount to understand the role the legislature has played in this endeavor. Far more than simple legislative storytelling, this section examines how seeming conflicting political and social systems and perspectives coordinate to resolve crises and create fundamentally stable health and fiscal policy.

Third, “Potential Political Factors in Treatment Policy Stability” reviews the theoretical lenses through which my research data has been conducted. The initial examination of my research is of ideological polarization, or the level of partisanship between legislative chambers and committees, parties and individuals. While polarization is ideal for examining distance between parties and bodies, it does little in the way of revealing the rationale behind such distance. For a more robust analysis, I have selected three opposing theories on the function of legislative committees: Conditional Party Government, which demands party consensus for the successful passage of legislation; Informational Theory, in which highly experienced and knowledgeable committee members serve only the best interest of the entire legislative chamber,

regardless of their party; and the Major Party Cartel theory, by which the majority party strategizes a strict legislative agenda and uses its power of committee appointment for best implementation.

I will then relate the steps I take to design, research, collect, and analyze my data. In “Data Collection, Organization, and Analysis Preparation” I reveal that not only is there a connection to the political, but that there are dozens of relationships to consider. Not only is valid data collected pertaining to its specific topic, this same data is used to verify and validate otherwise seeming unrelated data. Each perspective stands firmly alone, yet when used in conjunction its robustness is genuine and formidable.

In the “Analysis,” I discuss each legislative biennium in chronological order, elaborating on the most relevant and appropriate data and theories. Median polarization, or the difference of midpoints in ideological distribution of two bodies, is the technique that yields usable results in each biennium. This measure both supports and is supported by one or more other perspectives, whether it is mean polarization, homogeneity, or one of the three theoretical frameworks. I also discuss treatment-relevant legislation, specifically that of the health omnibus bills that contain appropriations and programmatic changes to CD treatment.

Finally, “Results and Considerations” ties together the seven biennia to reveal the relationship between political climate and the policy decisions and legislation created within. As the culmination of my research, this section offers an exciting and novel perspective on the political origins of CD treatment. In addition to the examination of the analysis results, I offer

pertinent considerations regarding the future use of said results in assessing potential legislative climates. This section, as with the thesis as a whole, is not intended to offer definitive answers, but to serve as a fresh perspective to common challenges.

The Changing Current of Minnesota's Treatment Statistics

The attention paid to abuse and addiction in Minnesota has been driven by the recognition of its vast personal and societal effects. Addiction does not happen in isolation; while the potential for addiction may be personal, both the initial and ultimate steps of its process occur within society. There are incredible costs to the individual, the family, the economy, and the health care and criminal justice systems. Effective treatment services can provide tangible savings in all of the areas.

The primary effects of any Substance Use Disorder (SUD) are those imposed on the individual and their personal relations. In addition, in Minnesota those who suffer an SUD are very likely to suffer an emotional or psychological disorder as well. A 2006 report from the University of Minnesota School of Public Health reported 9.1% of the state's adult population fit the criteria for SUD (University of Minnesota, 2006). Currently up to 80% of all SUDs are accompanied by a mental health disorder. This statistic reflects the affect on juveniles as well, who show a reliance on substance use depending upon the mental illness: psychosis (29% SUD); bipolar (19%); intermittent explosive (19%); depression (11%); anxiety (10%). The tendency for future use is established in the adolescent years, and those who suffer from high risk of mental illness are twice as likely to use alcohol than low-risk adolescents (42% to 21.2%), nearly three

times as likely marijuana (22% to 7.6%) as well as tobacco (30% to 9.7%) (Godin, Mostrom, & Aby, 2009).

The greatest physical harm one can suffer is of course the loss of one's life. According to the MNDHHS Drug Abuse Trends reports of June 2008 and June 2012, between 2000-2010 there were 1,190 drug-related deaths in Hennepin County alone: 410 from cocaine use (59 in 2007); 673 from various opiates (84 in 2008); and 107 from methamphetamines (19 in 2004) (Minnesota Department of Human Services, 2008; Minnesota Department of Human Services 2012). At times the loss of life can be that of an innocent bystander; in the same period as above there were 1,945 alcohol-related fatalities on Minnesota roads. The tendency for increased risk-taking is also a factor in the spread of life-threatening sexually transmitted disease, and between 2010-2012 14% of Minnesota's new HIV cases were associated with intravenous drug users (Minnesota Department of Human Services, 2013).

In addition to the personal costs accrued by addiction, there are substantial economic burdens on the health care and criminal justice systems. An oft-cited 1998 study by the U.S Department of Health and Human Services (USHHS) shows that for every one dollar in treatment costs saves seven dollars in the criminal justice system; savings are found through both decreased likelihoods for being arrested (16%) and felony conviction (34%) when treatment is completed. When savings from the health care system are included (through reduced hospital visits and community psychiatric care visits, for example) the single dollar of cost can save twelve. In California, every \$100,000 spent on treatment results in an annual average health care savings of \$487,000, and \$700,000 in avoided criminal activity. Employers have also been

shown to benefit from reduced absenteeism, tardiness, on-site injuries, and disputes, and an overall increase in productivity (U.S Department of Health and Human Services, 2009).

Who Is Being Reached?

Through increased appropriations to the CCDTF, more Minnesotans are entering treatment with public funding than ever before, yet the state has long admitted the inability to reach the vast majority of those in need. Using HHS population estimates with the 2010 census reveals there are 482,657 Minnesota residents who fit SUD criteria. There were 50,124 reported treatment admissions in the 2012 Chemical Dependency Provider Performance Measures (CDPPM) (all facilities that receive state funding are required to report), meaning 9.6% of those in need entered treatment (Minnesota Department of Human Services, 2013). Not only is the affect of higher admissions diminished when adjusting for overall population growth, it is even more so when taking into account 28,069 (56%) completed their program. Total completions in 2012 were lowest since 2003, when 30,379 successfully completed (66% of 46,029 admissions) (Minnesota Department of Human Services, 2008; Minnesota Department of Human Services, 2013). This is part of a downward trend that began in 2007.

The stark contrast of admissions to completions is revealed between the earliest available CDPPM in 2007 and that of 2012. By 2012 there was an 8% increase in the overall number of admissions (46,412 to 50,124) but an identical decrease in completion rates (64% to 56%), for an overall loss from 2007 of 1,634 completed programs. In addition, multiple dimensions within the National Outcome Measures (NOMS) outpaced the increase in admissions: homeless on admission (currently 8.4%); not employed/student on admission (59.9%); drug use in past 30

days (41.3%); and no self-help group participation past 30 days (58.6%). The Summary Measure, which indicates the overall percentage change (+/-) in all seven NOMS, fell 4.2% from 49.5% in 2007 to 45.3% in 2012 (Minnesota Department of Human Services, 2008; Minnesota Department of Human Services, 2013).

In the same time period, there were sizable increases in the six Dimensions of Addiction, which observe clients with chemical health severity ratings of moderate, serious, or extreme: acute intoxication (9% to 14.2%); biomedical conditions and complications (14.8% to 17.1%); emotional/behavioral/cognitive problems (55.6% to 72.3%); resistance to change (56.8% to 70%); relapse/continued use potential (86.6% to 96.2%); and unsupportive recovery environment (71.8% to 90.2%). Here the Summary Measure decreased 7.8%, almost twice that of NOMS, from 32% to 24.2% (Minnesota Department of Human Services, 2008; Minnesota Department of Human Services, 2013). In light of increased admission rates, the above statistics suggest a growing complexity for CD treatment, one in which a more focused political consideration may be required. If policy has increased access for a socioeconomic demographic, and the conditions by which said demographic exists has become more challenging, then policy must reflect those challenges as well.

Political and Legal Foundations of Chemical Dependency Treatment

In this thesis I argue that treatment stabilization efforts in Minnesota are improved with the consideration of the system's political origins, both historically and contemporarily. Indeed, my research reveals a long and complex history, one that involves multiple actors, motivations, and stages. The process of change was initially driven by the decriminalization of public

intoxication, as public, political, and professional sentiment changed to view chronic inebriation not as a punishable offense but a treatable disease. In its history, Minnesota has experienced three stages while establishing the current CD treatment system: criminal, transitional, and public health.

The criminal stage of development, defined by the criminal processing of chronic inebriates, was between 1899 and 1966, when Minnesota Statute 340.96 prohibited the act of public intoxication by the voluntary consumption of intoxicating liquors. Enforcement of this statute was carried out by municipal police departments throughout the state who acted according to their given charters coordinating ordinances. The statute focused on the chronic inebriate and it placed the burden upon local law enforcement of apprehending and housing offenders, thereby diverting attention from more severe criminal activity. Hennepin County was the first to take a step towards reform in 1966 when it established the Pre-Court Screening Committee, which consisted of twelve members from local services familiar with chronic inebriation whose responsibility it was to review and recommend drunkenness cases to the bench. This was an innovative attempt to assist the skid-row inebriate who would traditionally be processed by the courts.

The state's transitional stage began on May 22, 1967, with the passage of the Hospitalization and Commitment Act (Minn. Stat. Ann. §§ 253A.01-121, 1971), which provided for the voluntary, involuntary, and emergency hospitalization and treatment of the chemically dependent and mentally ill, including the chronically intoxicated. This act allowed both peace and health officers to transport and admit persons to health service facilities. It passed during a

substantial conservative majority in both the House (93-42) and Senate (67-45), and signed by Republican governor Harold LeVander.

Although the new statute provided means to direct chronic inebriates toward a more healthful resolution, it did not eliminate the contradictory city ordinances by which local law enforcement traditionally operated. The conflict between state statute and city charter came to light on April 7, 1967, when a Mr. Bernard Fearon was arrested and found guilty in Ramsey County of violating § 340.96. The defense unsuccessfully argued the statute did not apply to the chronic inebriate, as due to his condition Mr. Fearon could not control his consumption, hence the act was not voluntary. When appealing the decision to the Minnesota Supreme Court the defense also argued 8th Amendment protection against cruel and unusual punishment, citing passage of the Hospitalization and Commitment Act as indication the state saw chronic alcoholism as disease.

The Minnesota Supreme Court decision in *State v. Fearon* on March 21, 1969, held § 340.96 did not apply to the chronic inebriate, providing legal support to the disease model of chemical dependency. In the opinion by Justice Frank T. Gallagher, the following grounds were cited for appeal: 1) § 340.96 applies only to voluntary consumption, and that by the very nature of the chronic inebriate consumption is involuntary; 2) A previous US Supreme Court case to uphold a similar Texas statute nonetheless revealed substantial doubt regarding the constitutionality of such statutes; 3) It follows the evolved opinion of most professionals and authorities on the disease model of addiction; 4) The state accepted the disease model of addiction, as reflected in the passage of the Hospitalization and Commitment Act.

The Supreme Court decision in *State v. Fearon* strengthened the perception of chemical dependency as a public health issue in the eyes of the public and their elected officials alike. The Minnesota legislature repealed § 340.96 on March 29, 1971, completely eliminating the criminal processing of public intoxication and nullifying any inconsistent local ordinances. In its stead was passed Minn. Stat. Ann. §§ 245.68 (h)-(k) (Supp. 1977) which mandated each area mental health board to establish at least one detoxification center; Hennepin County was to open the doors to its first center the day of the bill's signing. The act was passed during narrow conservative majorities in the House (+5) and the Senate (+6) and signed by DFL governor Wendell R. Anderson.

With area mental health boards opening detoxification centers across the state, the legislature sought to establish administrative, service, and qualification guidelines that are the essence of operations today. The Treatment for Alcohol and Drug Abuse Act (Minn. Stat. Ann. §§ 254A.01-.07 (Supp. 1972)) was passed during a liberal majority in both House (+20) and Senate (+7) and signed by DFL governor Wendell R. Anderson on May 23, 1973. The legislation would serve as long-term reform that established a permanent administrative structure for statewide operations, expanded services and the classes of individuals eligible for financial assistance, and sanctioned the pick-up and transport of public inebriates by civilians to local health facilities. It relieved local courts of the criminal processing of the public inebriate, improved emergency care, and opened access for resocialization. Reform was possible through the coordinated efforts of legislators, civic, legal, and professional leaders, as well as state and local commissions. By 1974, Minneapolis would open its second detoxification center, Southside

Detox, serving primarily the Native American community. Hennepin County already had plans for numerous satellite facilities throughout the county.

While the chemical dependency program was still very young the 1976 Governor's Bill, from the desk of Wendell R. Anderson initiated yet three more programs, these aimed at more unique demographics: the employee assistance programs; youth and other underserved populations; and American Indian chemical dependency programs. Even as the programs and initiatives were well intentioned, a report from the Office of the Legislative Auditor, *Evaluation Report on the State Sponsored Chemical Dependency Programs (February 15, 1979)*, was harshly critical of not only the cost of the Governor's bill's programs but also of the effectiveness of the chemical dependency service system. The report found issues that are still relevant today, namely reaching 10-15% of the total population in need of treatment services, and inconsistent service costs around the state. In 1978, the state spent \$22,000,000 on chemical dependency services, which, when accounting for inflation, is roughly more than the amount the state would spend in the 1995-1996 biennium, which is the first time frame analyzed with polarization data in this thesis.

Following the audit of the fledgling chemical dependency division the state responded accordingly and in 1986 passed the Chemical Dependency Treatment Act (Minn. Stat. Ann. §§ 254B.01-.14). The focus of the bill was the Consolidate Chemical Dependency Treatment Fund (CCDTF), which combines state appropriations and federal grants into a singular funding mechanism. Within the CCDTF, centralized funds, client funding eligibility criteria, and service

site payment rates would work in concert to improve access to quality and cost-effective CD treatment throughout the state.

Eligibility for CCDTF funding, or Rule 25, was originally distributed across the three levels, known henceforth as Tier I, Tier II, and Tier III. Tier I was reserved for those who met the same income eligibility requirements, or receiving Medical Assistance (MA) benefits, General Assistance Medical Care (GAMC), or Minnesota Supplemental Assistance (MSA). Tier II eligibility was for those not entitled to the above services but had a family income of 60% or less of the state median income. Finally, Tier III was available for those between 60% and 115% of the state median income. Entitlement funding was forecast and appropriated through the health omnibus bills, and there was no limit to the number of individuals who can access funding if eligible.

The CCDTF currently assists approximately 50% of all Minnesotans admitted into treatment, or about 26,000 people every year. In addition to the direct benefit to the individual, the CCDTF also offers treatment provider rates to help acquire similar costs across the state. Lastly, the CCDTF reserve helps providers that extinguish their yearly allocation early and need additional funds. Access to reserves is only possible if the provider is able to maintain their own “maintenance of care,” in which they pay a small portion of the overall costs (typically 15-20%).

Despite all other important factors regarding treatment in Minnesota, I chose to focus this paper on the appropriations and policy changes to the CCDTF. The program has been the primary funding mechanism for thousands of Minnesotans since 1988 and has been the single

greatest factor considered for legislative changes affecting CD treatment. My analysis assesses the CCDTF within the political climate and strategic context of a given session, and I expect CCDTF policy and appropriations to be restricted or progressed in either a partisan or bi-partisan climate, respectively.

Potential Political Factors in Treatment Policy Stability

While Woodrow Wilson's *Congressional Government* (1885) is fundamental to scholarship on the U.S. congressional committee system, it was Richard Fenno's theoretical framework published in *Congressmen in Committee* (1973) that brought the potential power the committee into modern thought. Developed in the pre-reform era with relatively low polarization, or partisanship between parties, Fenno's theory claims the committee is a means for members to achieve reelection, power, and sound public policy. As the reforms of the 1970s weakened the power of the committee chairmanship and shifted power to the majority party leadership, new theories developed accordingly. These theoretical arguments are modeled on congressional behavior, yet by applying them to the Minnesota Health and Human Services policy and finance committees I am confident they will offer insight into the political shifts for chemical dependency treatment between 1995-2008. I will observe using the following three theories, all of which have political validity in Minnesota: Rohde's Conditional Party Government (1991); Krehbiel's Information and Legislative Organization theory (1991); and Cox and McCubbins' Major Party Cartel theory (1993).

Despite its reputation as a strong liberal state, Minnesota's legislature had a conservative majority in both chambers through most of the 20th century. The House had been under

conservative control 31 of 49 sessions, the Senate for 35, and the Governor's office for 30. Without ideological data, might it be safe to conclude this has been a state of relatively low polarization? The steps toward decriminalization of public intoxication began under conservative majorities in the 1960s and advances in treatment were made under both conservative and liberal administrations in the 1970s and 80s. Despite a lack of ideological data, cursory observation of health and welfare committee memberships would reveal at least consistently large rosters in the twenty years leading up to the period in question in this thesis, which would indicate greater opportunity for minority voices to be effectively heard.

There are indications beginning 1995 that partisanship was taking hold of both chambers. For instance, it was in this year that policy committees of both chambers were smaller than had been in the previous twenty years. The average size of committees decreased, with the House from 26 to 19 members and the Senate from 15 to 13. The largest committees in the House from 1995-2008 were still smaller than any committee during the previous 12 years, and the Senate also witnessed four committees with 12 or fewer members. Smaller committee sizes tend to favor the majority by reducing the minority's voice and their ability to influence votes. Another potential indicator of partisanship in this period is that substantial changes to treatment policy and funding transpired, taking steps unlike those in the past, especially in the 17 years since the CCDTF began. Yet which of the three institutional theories, if any, could best explain what transpired in the subsequent years?

Rohde's Conditional Party Government (CPG) asserts that party consensus on a given policy is fundamental to its promotion. The theory operates on three principles: sufficient

homogeneity within the party; leverage for the party leadership; and party leadership that will wield its power. Relative to Minnesota, the primary effect of conditional party government would be the increase of committee bills that are more reflective of the majority party as a whole (Rohde, 1991).

To ascertain CPG's legitimacy in terms of my research, the median majority committee member must reflect that of the majority party in the chamber. In addition, GPC portends the increase of homogeneity across constituent concerns. Majority party unity greatly increases the likelihood of a given bill's passage, which in turn results in constituent satisfaction. Given the nature of treatment funding in Minnesota, and the tendency toward support or refusal of public funding as per party, CPG can be an effective tool for either party to accomplish a given goal.

Krehbiel's Information and Legislative Organization theory (ILO) also relies on homogeneity, yet committees function to move bills that best serve the jurisdiction of the committee and thus the whole legislature, not the preference of a singular committee member or party. For MPC theory to be valid members must be experts in their jurisdiction, can be flexible and comfortable with a wide array of political theory and behavior, and recognize the goal is never about individual needs (Krehbiel, 1991).

Krehbiel's theory has the greatest ability to build strong bi-partisan coalitions within the committee or across the chamber. With a coalition it is more likely that a given bill's effect will have greater longevity due to the support and familiarity of the legislature moving

forward. It is more likely to find this theory applied in times of relatively low polarization, where cooperation is most favored.

Cox and McCubbins' Major Party Cartel theory (MPC) claims that a party in the majority will use its power to develop a legislative cartel, thus producing an environment that perpetuates its own power (Cox & McCubbins, 1993). Through the committee system this is accomplished by strategic placement of committee chairs and other members willing to pass bills that are best for the majority party, perhaps most of all the leadership, at the expense of others. The advantage of the majority party in part lies in controlling the legislative agenda from the earliest stages of the committee all the way through to the chamber floor (Cox & McCubbins, 1993).

While MPC requires great strategizing and organization, it is quite easy to implement when the majority is out of proportion. As policy outliers have the potential to derail efforts to drive legislation, the greater the majority the more likely it is that a bill can pass without disruption. In addition, MPC can be used to facilitate the stoppage of legislation as well, and stopping a bill in committee, before it reaches the floor, can drive the success of the majority party.

In terms of Minnesota's chemical dependency policy and appropriations, I expect each theory to produce substantially different legislation. As the most cooperative of the three theories, ILO would produce legislation that works in the best interests of the treatment system and both parties, thus guaranteeing a substantial, if not unanimous affirmative vote. Whether

CPG is beneficial to treatment policy is dependent upon the party in which it is used, whether the consensus in a given year acknowledges treatment as a necessary and important function of government. Lastly, strong treatment policy within MPC theory is entirely dependent upon the propensity for party leadership to adhere to the principals of social spending or strict fiscal conservatism.

Data Collection, Organization, and Analysis Preparation

Data collection strategy is under constant development, and with almost every collection and analysis yet another new and different perspective comes forward that warrants consideration. Ultimately, the total amount of data offers the ability to view polarization in as many as two dozen perspectives (available in the appendices), from those which stand on their own validity to those whose presence adds robustness to separate sets of information. It is not enough to simply gather and dissect ideological scores, although this is a fundamental step. I also need to include policy and financial legislation, as well as the legislature's foundational role through bills and acts.

In Spring 2012, Boris Shor and Nolan McCarty released a comprehensive collection of ideological scores for state legislatures from 1993-2011. The available data for Minnesota is limited in breadth from 1995-2008 yet it provides a depth of analytic points for both chambers as well as for individual legislators per session. In total, I am able to assemble two-dozen sets of data per session to reveal various levels of polarization and homogeneity within chambers, committees, and parties. There are three aspects under consideration throughout my analysis: the absolute difference in median ideological scores, or the difference between median scores as per

party, committee, and chamber; the distance in mean, or average ideological scores as per party, committee, and chamber; and the standard deviation from the mean ideological score, or the level of homogeneity, as per party, committee, and chamber. By using these in conjunction with the three theoretical frameworks (discussed above) I am able to ascertain the climate and strategy of a given session.

Next, I examine committee membership for each of the House Health and Human Services (HHS) policy committees and finance subcommittees, as well as the Senate HHS policy committees and finance subcommittees (or the equivalently titled committee/subcommittee of the given session) from 1995-2008. To give context to the quantity of members per committee for the era I also collect committee membership going back to 1975 (this data is for comparing committee size and has no bearing on actual polarization trends as per Shor-McCarty.) Using the Shor-McCarty individual legislative data sets I assign the relevant ideological score to every member, committee, subcommittee, and session. I am then able to calculate distances, differences, and standard deviations between parties and the body as a whole for each committee and session. I also take special note to identify committee chairperson score. As with the chamber and national data points above, I use the individual-level data to construct committee-level trend lines over time from 1995-2008.

I then select all legislation affecting treatment services signed by the governor from 1995-2008. The Minnesota state legislature website's bill search function is of utmost usefulness in this endeavor, although state, county, and professional service reports are integral in further identifying bill numbers and dates of importance. Of particular interest are the health services

omnibus bills as they contain funding allocations, eligibility criteria, programmatic changes, and service site rate levels, for example. In addition to the content of such bills, I pay special attention to the authors, the vote totals at passage in both chambers, and whether the level of polarization might predict partisan bill authorship and vote count (higher polarization/more partisan authorship/more partisan vote, and vice-versa.)

By itself, appropriation data does not reveal the decision making process, and in the absence of committee minutes or any substantial movement between engrossments (if there were more than one) I resort to the publications provided by the fiscal analysis offices of both chambers. The Senate Fiscal Review is by and large thorough in its explanations of appropriations and expenditures, whereas the House provides numerical comparisons between appropriations within the House, Senate, and governor's bills, as well as that of conference committee. As a third, and often times more revealing display of the process, reference is made to any HHS departmental documentation, especially presentations prepared for the legislature or for inter-department/division use.

Analysis Preparation

In this thesis I report analysis as per-biennium from 1995-2008 (79th to 85th legislatures) via ideological data that best represents the overall political climate in both chamber and committee. Most important are the polarization measures by median (the mid-point of ideological distribution of each party or body) and means (the average ideological score for each party or body), as well as homogeneity or cohesion by standard deviation. In order to validate any of the three theoretical frameworks I examine the individual party members in committee in

relation to their respective parties in the chamber and the chamber as a whole. I also examine the policy decisions and output of each session, as well as legislation for CCDTF appropriations, service site rate levels, and policy changes. Appropriations are often dissimilar to actual funding levels, and when possible I account for these discrepancies with the addition of supplemental bills primarily authored in the second year of the biennium. General data are presented in tables for quick and easy assessment, while a wide selection of graphs is available in the Appendix.

The Shor-McCarty ideological scores for Minnesota are available from 1995-2008, which is precisely the era in which substantial changes to CD treatment policy occur, visible not only through polarization trends but in committee size and the legislative changes made to CD treatment services in Minnesota. Without ideological data before 1995 I can only observe the above changes and conclude an overall shift from a more moderate committee in which our treatment service was established. The conclusion is drawn upon not only a highly polarized legislature relative to its self but also all other states, amongst whom Minnesota ranked ninth most polarized legislature in 2008.

Committee Tenure

Tenure is an important consideration, especially within the majority party, as it may help reveal appointment strategy by the caucus committee and predict possible environment via compatibility with any of the three theoretical frameworks. Each of these theories demands specific committee membership. Under the Conditional Party Government (CPG) theory a committee membership closely reflects the majority party ideological median, and a party may abandon inharmonious incumbency in favor of newly appointed members more willing to act on

behalf of the party consensus. A committee within the Information and Legislative Organization theory (ILO) theory would reflect the best interests of the committee and that over which it has jurisdiction, thus serving the whole legislative body. A committee as such would likely be comprised of experienced, moderately ideological incumbents, or adequately knowledgeable and suitably moderate members in lieu of available experience. In the Major Party Cartel (MPC) theory the majority party leadership appoints committee members by their ready adherence to the strict legislative agenda formulated by said leadership. Just as within CPG, the cartel committee cannot contain policy outliers that may jeopardize a predictably divisive committee vote.

If three theories necessitate three different committee environments to be valid, can the observation of committee membership at the onset of a given session predict policy decisions? Neither incumbency nor freshmen status mean little without ideological identity, therefore the replacement of an incumbent (necessitated by retirement or loss of elected position) may indicate the strategic preference by party leaders via change in ideological score for the appointment (not re-appointing an incumbent of course carries its own preference significance.)

Tenure in Minnesota's Legislative Committees: 1995-2008

Of the 22 members of the DFL-controlled House policy committee in 1995, 12 had continued from 1993-1994 (six Republican and six DFL), and 11 of the 1995 membership would then remain for three or more consecutive legislative sessions. Also in this membership are names that would become very familiar: Boudreau (1995-2004); Bradley (1995-2006); Greenfield (1979-1998); Huntley (1993-2008); and Otremba (1995-2008). Committee incumbency is used by Republicans to less effect in the latter sessions, but initially it is widely

used by both parties, and in 2001, twelve of all sixteen members would be incumbent, with multiple members active since the first session: Boudreau (R); Bradley (R); Haas (R); Mulder (R); and Otremba (DFL). Of this session, the Republican majority is comprised of nine members, eight of whom are incumbents.

The 2002 election gave the House Republicans a 29-seat majority, the largest majority by any party in 10 years. In this election 33 incumbents did not seek reelection, and while 10 incumbents lost their bids for reelection five of these were to members of their own party. This transition of majority party, coupled with the largest freshman class in decades will greatly affect House committee membership in the following years and by the 2007-2008 biennium incumbents will account for only three out of 15 policy and three out of 21 finance appointments.

The House finance subcommittee followed a very similar path as policy, reaching peak mid-period with all six members of the Republican majority in 2001 as incumbents, five of whom have more than two consecutive years. The policy committee took a rare strategic move and controlled fiscal decisions in 2005-2006, a year when both chamber and committee median ideology would skyrocket with new committee appointments, perhaps signaling the direction of the policy committee should the Republican majority hold.

The Senate committees are under DFL-control for the entirety of the period under observation, and while incumbency challenges arise as they do in the House, the effect is felt in the Republican minority membership. While majority party incumbency would remain fairly strong in Senate policy until 2007-2008, the Republicans would lose all but one incumbent by

2005, along with a defection by Sen. Kiscaden to the DFL in mid-2004. This overall pattern is repeated in Senate finance where again only one Republican incumbent would remain by 2007-2008.

Polarization and the Three Theoretical Frameworks

Polarization trends are invaluable in evaluating congressional behavior, yet in isolation they cannot offer the robustness my research requires. Conversely, theoretical frameworks may provide insight into strategic value of committee placement, yet they leave open many windows for speculation, weakening an otherwise powerful tool. However, when used in conjunction, it is possible to explain ideological polarization within a theoretical framework and the theories themselves can be validated through ideological data.

As mentioned earlier, each of the three theories used in this research demand a certain behavior from the membership, as well as from the party caucus leadership in its appointment decisions. To only know the names and legislative history of committee members limits the ability to assign ideological/partisan value, and hence the application of ideological scores is necessary. By calculating the membership medians and means of each of the chamber, majority party chamber, committee, and majority party committee, as well as the individual scores of the House Speaker, Senate Majority Leader, and the committee chairs, it is possible to accurately compare ideological similarities between bodies.

By the proximity in scores between majority party committee membership and party, party leadership, or chamber, the theoretical framework is revealed. For example, should the majority party committee members fall within .025 points of the majority party chamber median,

.05 points of the chamber median, and 1.0 point of the party leadership score, it would be easy to assess that Conditional Party Government theory is most applicable in this situation. Further information is then used to create an even more robust analysis, for example the consideration of committee and chamber vote totals, legislative authorship, and committee tenure as discussed above.

To achieve the above I carry out a dozen calculations for each of the four committees in each biennium. The results help to view the polarization trends this research is based upon by offering potential strategic rationale behind the changes in trends. More importantly, the combination of theory and ideological data may provide for the clearest behavioral explanation for policy decisions and the opportunity to develop the foresight for future legislative sessions.

Defining Partisanship via Ideological Scores

Throughout this paper I have used the following definitions, and continue to do so for the analysis:

0 to 0.499 (-0.499)	Moderate partisan
0.5 to .999 (-0.499)	Partisan
1.0 to 1.499	Strong partisan
1.5+	Very strong partisan

Analysis

Biennium Summaries

1995-1996: 79th legislature

Minnesota's 79th session serves as the analytic baseline as it is the first in which Shor-McCarty data is available. Despite a lack of ideological data from previous years to provide for a more accurate assessment, in this session there are departures from historic trends that may indicate possible committee-level polarization and strategizing. In the previous 10 sessions (1975-1994) the House policy committee was comprised of between 24 and 30 members, averaged 25.9, and had a mean of 26. In 1995 that number drops to 22, a number the committee would not exceed in any of the subsequent years of the analysis. While this may not pose an abnormality on its own, this also occurs in the Senate policy committee, which drops from an average of 14.5 members in the same 10 sessions to only 10 members in 1995.

In this session the median polarization between committees and chambers vary drastically. The House committees are only .125 - .150 points higher than the House, which, at 1.549 is the most moderate of the research period. On the other hand, median polarization in the Senate committees is between .33 and .39 lower than the chamber's 1.443. This is one of the very few instances of any of the four committees measuring below their given chamber in any of the 28 observations.

Mean polarization measurements are slightly higher per committee against the chamber. Committee homogeneity is also fairly moderate, kept in check by Senate committees closer to their mean than the chamber, the only time this would occur for all committees over time. Lastly, policy committee chairs are more ideologically aligned with the leaders of their respective chamber and thus are more moderate than the House and their committee medians, or more liberal than the Senate and their committee medians.

Each of the four committees, all with a DFL-majority, fit most closely with the theory of Conditional Party Government, and the health omnibus bill, SF 1110, authored by Sen. D. Samuelson (DFL, 12) passes through the House 98-31 and through the Senate 56-11. Moderate Republican opposition, approximately half in each chamber, can be predicted within the theoretical framework. The omnibus appropriates the CCDTF entitlement grants of \$41,230,000 and \$45,080,000, as well as non-entitlement grants of \$2,100,000 for each fiscal year. This is a \$19.2 million increase over the previous biennium, driven by a forecast growth in admissions (Fiscal Review, 1997).

Table 1. Ideological Levels: 1995-1996

HOUSE OF REPRESENTATIVES		SENATE CHAMBER	
Chamber		Chamber	
Median Polarization	1.546	Median Polarization	1.443
Mean Polarization	0.972	Mean Polarization	0.871
Speaker	-0.645	Majority Leader	-1.066
Standard Deviation	0.865	Standard Deviation	0.758
Majority Standard Dev.	0.331	Majority Standard Dev.	0.407
Policy Committee		Policy Committee	
Chair	-0.522	Chair	-1.152
Theory: CPG	-0.029	Theory: CPG	0.113
Median Polarization	1.672	Median Polarization	1.053
Majority Median	-0.900	Majority Median	-0.907
Mean Polarization	1.261	Mean Polarization	0.897
Majority Mean	-1.006	Majority Mean	-0.944
Standard Deviation	0.946	Standard Deviation	0.682
Majority Standard Dev.	0.419	Majority Standard Dev.	0.478
Finance Subcommittee		Finance Subcommittee	
Chair	-1.556	Chair	-0.430
Theory: CPG	-0.015	Theory: CPG	-0.029
Median Polarization	1.693	Median Polarization	1.109
Majority Median	-0.814	Majority Median	-0.832
Mean Polarization	1.310	Mean Polarization	0.974
Majority Mean	-0.944	Majority Mean	-0.899
Standard Deviation	1.017	Standard Deviation	0.741
Majority Standard Dev.	0.466	Majority Standard Dev.	0.460

Treatment provider rates are effectively frozen from January 1, 1995 until December 31, 1997, which while a cost-saving measure of \$4.9 million for the state, it means providers will need to bear a larger portion of costs in order to maintain services. This was the first time the state had intervened in providers' rates since the inception of the CCDTF in 1988. Previously rates were negotiated between provider and county, upwards of 3% a year, with the state providing accordingly. In addition to locking in rates, the bill saves an additional \$890,000 by not reallocating unspent treatment funds from the CCDTF reserve.

Rep. Greenfield (DFL, 62A), author of the omnibus companion bill in the House also authored HF 1442 with Rep. Leppik (IR, 45B) and Rep. Lourey (DFL, 8B). The bill modified language regarding the counseling profession, including accreditation, education, and licensure. It passed the Senate 61-0 and the House 93-30. In addition, he co-authored with Rep. Cooper (DFL, 15B) HF 66, which established a licensing board for certain health providers, including chemical dependency. The 1996 omnibus supplemental bill, HF1584, also authored by Rep. Greenfield, responds to a downward forecast adjustment by reducing CCDTF appropriations by \$3,467,000 and \$1,346,000, as biennial spending totals \$81,497,000.

This first biennium reveals the predicted level of support from a majority party historically known to support social services, as well as a moderate level of minority party opposition predicted within the CPG framework.

1997-1998: 80th legislature

The 80th legislature sees much more balance between committees and their respective chambers in terms of median and mean scores, as well as polarization and homogeneity. The median scores for policy, finance, and chambers in both scenarios are remarkably cohesive, with the House and finance matching at -0.456 and policy off the chamber by 0.015 at -0.471. Meanwhile, the Senate and its committees fall within .05 of each other. Standard deviation holds steady for both as the Senate maintains its tight structure. The cohesion between chambers and committees tells us that the Informational theory is at work in all committees.

Median polarization increases in the House by .052 yet policy polarization decreases by .032, led by a more slightly moderate Republican membership. House finance jumps in median polarization, yet this is realistically offset by a decrease in mean polarization. Polarization in the Senate chamber falls by .083 yet policy increases by .402 to 1.455. The difference in Senate finance increases by slightly more than policy, up .411 to 1.520.

Table 2. Ideological Levels: 1997-1998

HOUSE OF REPRESENTATIVES		SENATE CHAMBER	
Chamber		Chamber	
<i>Median Polarization</i>	1.003	<i>Median Polarization</i>	0.862
<i>Mean Polarization</i>	1.598	<i>Mean Polarization</i>	1.360
Speaker	-0.992	Majority Leader	-1.066
Standard Deviation	0.892	Standard Deviation	0.751
Majority Standard Dev.	0.382	Majority Standard Dev.	0.325
Policy Committee		Policy Committee	
Chair	-0.712	Chair	-1.096
Theory: ILO	-0.015	Theory: ILO	0.006
<i>Median Polarization</i>	1.229	<i>Median Polarization</i>	1.156
Majority Median	-0.838	Majority Median	-1.153
<i>Mean Polarization</i>	1.640	<i>Mean Polarization</i>	1.455
Majority Mean	-0.91	Majority Mean	-1.085
Standard Deviation	0.934	Standard Deviation	0.807
Majority Standard Dev.	0.382	Majority Standard Dev.	0.325
Finance Subcommittee		Finance Subcommittee	
Chair	-1.556	Chair	-0.430
Theory: ILO	0	Theory: ILO	0.047
<i>Median Polarization</i>	1.826	<i>Median Polarization</i>	1.520
Majority Median	-1.024	Majority Median	-1.081
<i>Mean Polarization</i>	1.089	<i>Mean Polarization</i>	1.011
Majority Mean	-0.772	Majority Mean	-0.901
Standard Deviation	0.982	Standard Deviation	0.795
Majority Standard Dev.	0.465	Majority Standard Dev.	0.550

Despite higher levels of polarization in most bodies, the health omnibus bill, SF 1908, authored by Sen. Samuelson (DFL, 12) passes along similar lines as that of the previous session, with totals 54-12 in the Senate and 112-19 in the House. Appropriations to the CCDTF were made in the amounts of \$35,643,000 and \$37,271,000 for entitlement grants and \$4,365,000 each fiscal year for non-entitlement grants.

Increasing coverage for treatment with those on other forms of medical assistance decreases forecasted appropriations by nearly \$19 million. With the mandated freeze on provider rates now over, the legislature passes a 3% rate increase, a lower rate than anticipated that saved \$930,000. An additional \$1.5 million is secured for those who are to lose general assistance eligibility due to welfare reform. Another \$1.3 million goes towards those seeking treatment under the new income criteria of below 60% state median income, changes that eliminate the family and age requirements. The 1998 omnibus supplemental bill, SF 3346, once again authored by Sen. Samuelson, reduced the CCDTF entitlement funds by \$7,893,000, and increased non-entitlement by \$400,000. The bill passed the Senate 64-2 and the House 84-48.

The biennium exists entirely within the Information and Legislative Organizational theory, which, along with decrease homogeneity, counterbalances the increase in overall polarization in the House.

1999-2000: 81st legislature

Republicans win control of the Minnesota House in the 1998 election with a majority of four seats, whereas the Senate remains under DFL control, as it does for the entirety of this

research period. How would a majority party shift affect polarization in the chambers and committees? In terms of House policy median polarization it is a sharp spike up from the moderating step down in 1997-1998, climbing from 1.640 to 1.778. Chamber median polarization takes a very small step up from 1.598 to 1.607. As can be expected, the median ideological score in the House becomes a near mirror opposite of the previous session, with a change from -0.471 to .418, and policy and finance of course follow suit.

The party shift barely makes an impact on mean polarization for House chamber and policy, while finance jumps from 1.089 to 1.368. As chair, Rep. Goodno (R, 9A) is positioned as a moderate in a small yet ideologically contrasted committee (Appendix B). Rep. Goodno's omnibus bill is discussed below.

Table 3. Ideological Levels: 1999-2000

HOUSE OF REPRESENTATIVES		SENATE CHAMBER	
Chamber		Chamber	
Median Polarization	1.607	Median Polarization	1.368
Mean Polarization	1.015	Mean Polarization	0.861
Speaker	0.923	Majority Leader	-1.066
Standard Deviation	0.899	Standard Deviation	0.752
Majority Standard Dev.	0.238	Majority Standard Dev.	0.384
Policy Committee		Policy Committee	
Chair	0.893	Chair	-1.096
Theory: CPG	0.038	Theory: ILO	-0.06
Median Polarization	1.778	Median Polarization	1.356
Majority Median	0.771	Majority Median	-1.007
Mean Polarization	1.290	Mean Polarization	1.076
Majority Mean	0.783	Majority Mean	-1.026
Standard Deviation	0.976	Standard Deviation	0.756
Majority Standard Dev.	0.245	Majority Standard Dev.	0.41
Finance Subcommittee		Finance Subcommittee	
Chair	0.609	Chair	-0.430
Theory: MPC	-0.047	Theory: ILO*	0.211
Median Polarization	1.953	Median Polarization	1.520
Majority Median	0.875	Majority Median	-1.153
Mean Polarization	1.368	Mean Polarization	1.100
Majority Mean	0.856	Majority Mean	-1.021
Standard Deviation	1.037	Standard Deviation	0.810
Majority Standard Dev.	0.242	Majority Standard Dev.	0.436

Policy Republican homogeneity is nearly identical to the chamber majority, as can be expected within the context of Conditional Party Government. Even more so, the finance majority becomes closer to the party leadership, working within the framework of major Party Cartel, and drawing up both the median and mean scores within the chamber. Homogeneity in the House chamber and policy decrease in both parties, but whereas the DFL maintains an

approximate distance between the two bodies, the Republicans in the both cases draw even. Still, the Republicans are more homogeneous in all scenarios.

Rep. Goodno's omnibus bill, HF 2699, appropriates \$36,751,000 and \$38,847,000 for entitlement recipients, and \$6,778,000 and \$6,328,000 for non-entitlements. Reflecting upon the previous two sessions, this appropriation is above the rate inflation from 1997 and 1998, yet well below the rates accrued from 1995 onward. I would be remiss not to mention the non-entitlement appropriations are the largest ever dedicated to the "working poor" demographic in the history of the CCDTF. Rep. Goodno's bill faces the same fate in the House as the previous three, passing along similar lines at 110-21, while the Senate was all but unanimous at 64-1. Resistance to the Republican bill is largely from fellow House Republicans.

The lower level of polarization successfully predicts a bi-partisan effort within the Senate, while the House opposition is revealed through the decreased homogeneity of both the policy committee and the chamber, despite the effect of the CPG framework.

2001-2002: 82nd legislature

The 82nd legislature is the start of three seeming unpredictable sessions, and the session has a wide array of surprises. Leadership scores remain intact from the previous session, and the House and Senate chambers maintain their levels of polarization and homogeneity. It is within committees that fluctuations arise, as opposite parties behave in similar fashion yet in different committees. The DFL minority's standard deviation, mean, and median measures all rise in the House policy committee facilitating a decrease in

overall committee median polarization to 1.635, the second lowest level of median polarization in the period. The DFL also pulls down polarization in finance with a more moderate membership. The Republican majority median in both committees remains level from the previous session.

Median polarization within the Senate, however, reaches its highest level in any session, increasing by .480 to 1.882. The Republican policy median increases by .413 to .673, and by 0.307 to 0.609 in finance. The DFL majority median falls slightly in both committees, pushing levels even higher. Committee membership is also surprisingly low, and while House policy plummets to 16 members for a 25-year low, Senate policy initiates its own series of unusually low committee memberships (Appendix A).

Amidst all of this ideological commotion, data shows the DFL to be operating yet again within the Informational framework,

reflecting the overall chamber, regardless of party. The legislature passes SF 4 through Senate 61-0, and then through the House 122-9, the lowest amount of resistance to an omnibus bill thus far in the years under observation. Senator Berglin (DFL, 61) authored SF 4, which appropriates over \$10 million more in CCDTF

Table 4. Ideological Levels: 2001-2002

HOUSE OF REPRESENTATIVES		SENATE CHAMBER	
Chamber		Chamber	
Median Polarization	1.607	Median Polarization	1.368
Mean Polarization	1.031	Mean Polarization	0.861
Speaker	0.923	Majority Leader	-1.066
Standard Deviation	0.913	Standard Deviation	0.752
Majority Standard Dev.	0.236	Majority Standard Dev.	0.384
Policy Committee		Policy Committee	
Chair	0.893	Chair	-1.096
Theory: MPC	0.057	Theory: ILO	-0.06
Median Polarization	1.640	Median Polarization	1.356
Majority Median	0.771	Majority Median	-1.007
Mean Polarization	1.266	Mean Polarization	1.076
Majority Mean	0.780	Majority Mean	-1.026
Standard Deviation	0.985	Standard Deviation	0.756
Majority Standard Dev.	0.221	Majority Standard Dev.	0.41
Finance Subcommittee		Finance Subcommittee	
Chair	0.609	Chair	-1.512
Theory: MPC	-0.047	Theory: ILO	0.028
Median Polarization	1.926	Median Polarization	1.818
Majority Median	0.875	Majority Median	-1.209
Mean Polarization	1.266	Mean Polarization	1.200
Majority Mean	0.839	Majority Mean	-1.081
Standard Deviation	0.956	Standard Deviation	0.880
Majority Standard Dev.	0.269	Majority Standard Dev.	0.467

funds than the previous bill: \$41,200,000 and \$43,811,000 in entitlement grants; \$5,158,000 and \$6,094,000 in non-entitlement grants; and a creates s savings of \$2 million by reallocation of federal chemical dependency grants for non-entitlement purposes.

The omnibus bill modifies the Tier II non-entitlement language in Minnesota Statute 254B.09 by eliminating old eligibility criteria based on state median income and making it consistent with federal poverty guidelines (FPG), thereby increasing access to CCDTF assistance. Previously, an individual with a family income less than 60% state median income qualified for “Tier II” non-entitlement grants, and individuals whose family income was between 60%-115% qualified for “Tier III.” Both received money only after all other qualified individuals had received service. SF 4 changed this to Tier II falling under 215% of FPG, and Tier III as between 215%-412% FPG, and eligible individuals would receive money from a dedicated source into which the state would appropriate as per the regular cycle. While this passed in good faith and was soundly funded in the bill, its longevity will soon be compromised.

The passage unanimous passage in the Senate of Senator Berglin’s SF 4, in addition to the all but unanimous passage in the House, suggests two things: that a strong majority operating under ILO can produce a bill that can withstand polarization in the origination chamber; and a philosophically strong opposition in the House

2003-2004: 83rd legislature

Republican victories in the 2002 election give the party their largest majority since 1967 and help create an outstanding increase in median polarization in the House at 1.741, the peak of

polarization of the seven biennia. The chamber also experiences its highest median score of the period at 0.515 while policy and finance fall slightly from highs of the previous session. There is a five-seat Republican policy majority yet the median party score continues to trend downward from its high in 1995 to .733; the first and only time the committee scores below the chamber. This indicates that the more effective result of the 2002 election was the reduction of moderate DFL members, as House Republicans membership grows in by 13 in 2003 yet the median score increases by only .006 over the previous session. On the other hand, despite their losses the DFL experiences its strongest partisan rankings as the median plummets from -0.864 to -1.097 in policy and from -0.874 to -0.002 in the chamber.

Senate median polarization of level 1.404 continues an upward trend since 1999, and policy remains very high at 1.864.

Senate policy polarization is driven record low median ideology at -1.107, even while the chamber increases to -0.554 and finance almost twice as moderate as the previous year at -0.364. Senate Republicans have now logged four consecutive session of increased partisanship with the chamber at 0.609 and the policy membership just above at 0.655.

Table 5. Ideological Levels: 2003-2004

HOUSE OF REPRESENTATIVES		SENATE CHAMBER	
Chamber		Chamber	
Median Polarization	1.741	Median Polarization	1.404
Mean Polarization	1.041	Mean Polarization	0.953
Speaker	0.923	Majority Leader	-0.608
Standard Deviation	0.931	Standard Deviation	0.834
Majority Standard Dev.	0.291	Majority Standard Dev.	0.365
Policy Committee		Policy Committee	
Chair	0.861	Chair	-1.209
Theory: CPG	0.006	Theory: CPG	-0.414
Median Polarization	1.830	Median Polarization	1.864
Majority Median	0.733	Majority Median	-1.209
Mean Polarization	1.323	Mean Polarization	1.422
Majority Mean	0.722	Majority Mean	-1.265
Standard Deviation	0.979	Standard Deviation	1.063
Majority Standard Dev.	0.239	Majority Standard Dev.	0.177
Finance Subcommittee		Finance Subcommittee	
Chair	0.821	Chair	-1.512
Theory: MPC	0.01	Theory: ILO	0.19
Median Polarization	1.555	Median Polarization	1.687
Majority Median	0.821	Majority Median	-1.209
Mean Polarization	1.153	Mean Polarization	1.315
Majority Mean	0.768	Majority Mean	-1.182
Standard Deviation	0.893	Standard Deviation	0.996
Majority Standard Dev.	0.272	Majority Standard Dev.	0.280

The majority party ideological data places this session well within the scope of the CPG framework. It is in fact as close as the 1997 DFL-controlled Senate policy committee was to the ILO theory. The divisions exhibited in the figures above and in the appendices are also very apparent in the legislation proposed and the clear lines drawn in the vote totals. The session's second omnibus bill, HF 6, Rep. Bradley (R, 29B), reduces the original entitlement appropriation in the regular session's omnibus bill by \$18 million. In the previous session the criteria for non-entitlement were expanded, yet HF 6 completely eliminates Tier III funding for individuals with incomes over 215% FPG, saving \$5 million, and effectively eliminates Tier II funding by reducing the appropriations \$12 million in 2001-02 to \$2.1 million in 2003-04 and moving forward. Tier II and III funding was predominantly used by employed men, but ancillary programs for women as well as youth-oriented programs are also be cut, saving an additional \$5 million. Finally, the reduction of 1% to provider rates saves \$933,000.

HF 6 eliminated nearly \$21 million from a steadily growing and well-received CD treatment service. What it put in its place was \$49,254,000 and \$50,337,000 respectively into Tier I funding, after inflation accounting to \$7 million over the previous session, thereby setting a trend for future legislation to focus on the bottom tier of eligibility only. As may be expected by a bill created within the Major Party Cartel framework, HF 6 received partisan support, with a final vote of 78-54 (the Republicans with a 81-53 House majority at the time of passage), and much the same in the Senate where it passed on 34-28 (the DFL having a weak 35-31 majority).

The biennium shows how the right combination of factors can yield desired effect, which in this case is the fiscal restraint of the CCDTF by the majority party. When such factors work in conjunction for the majority party, the minority does not have the leverage for defeat.

2005-2006: 84th legislature

The ideological data reveals a transition for the Republican Party, and to some extent a realignment of the DFL after the previous biennium. In the Senate the median polarization ticks up by 0.042, pushed almost entirely by the Republican minority, who climb by 0.034, whereas the DFL remain all but flat moving +0.06. The Senate chamber median score remains level at 0.554, as does policy at -1.107. The median scores, and hence median polarization remain identical to the previous session in Senate finance despite a loss of two minority members.

The House chamber median score falls much more rapidly than policy, from .515 to -0.216, with the latter from .525 to 0.025. Median polarization takes a similar trend, with the chamber falling from 1.741 to 1.653, and policy from 1.830 to 1.793. While policy's level is still high, it seems a drastic change from the meteoric rise between 2001 and 2003. In addition, homogeneity in House

Table 6. Ideological Levels: 2005-2007

HOUSE OF REPRESENTATIVES		SENATE CHAMBER	
Chamber		Chamber	
Median Polarization	1.653	Median Polarization	1.446
Mean Polarization	1.049	Mean Polarization	0.979
Speaker	0.923	Majority Leader	-0.608
Standard Deviation	0.923	Standard Deviation	0.923
Majority Standard Dev.	0.259	Majority Standard Dev.	0.394
Policy Committee		Policy Committee	
Chair	0.821	Chair	-1.209
Theory: MPC	-0.044	Theory: CPG	-0.408
Median Polarization	1.793	Median Polarization	1.846
Majority Median	0.881	Majority Median	-1.203
Mean Polarization	1.412	Mean Polarization	1.411
Majority Mean	0.894	Majority Mean	-1.253
Standard Deviation	1.094	Standard Deviation	1.037
Majority Standard Dev.	0.307	Majority Standard Dev.	0.161
Finance Subcommittee		Finance Subcommittee	
Chair	-	Chair	-1.512
Theory: MPC	-	Theory: ILO	0.382
Median Polarization	-	Median Polarization	1.687
Majority Median	-	Majority Median	-1.209
Mean Polarization	-	Mean Polarization	1.365
Majority Mean	-	Majority Mean	-1.182
Standard Deviation	-	Standard Deviation	1.024
Majority Standard Dev.	-	Majority Standard Dev.	0.280

policy diminishes in the biennium. Amidst the leveling and diminishing polarization, the Republican majority increases their median score by 0.161 to 0.894. The policy committee conducted all fiscal business for the biennium.

HF 139, with bipartisan authors of Rep. Bradley and Rep. Huntley (DFL, 7A), offers no surprises and passes the Senate 60-6, and the House 88-40 with bipartisan support. It is in mix of political factors that seem to bring balance to the Major Party Cartel framework in which HF 139 was created: reduced polarization; increased homogeneity; and a near-balanced membership in both chambers. Appropriations for CCDTF are \$63,183,000 and \$68,744,000, yet non-entitlement remains essentially unfunded at \$1,055,000 per year. Provider rates are frozen once more in 2005 and then will go unrestricted for 2006. Lastly, in order to better handle the growing methamphetamine problem in Minnesota, the bill sets aside \$600,000 for an evidence-based methamphetamine treatment program at the Willmar Regional Treatment Center.

2007-2008: 85th legislature

Observations in this final biennium are in much finer context than at the onset. With the DFL winning back control of the House in 2006, all median scores in the House are nestled closely together and below 1995 levels: chamber, -0.650; policy, -0.669; and finance, -0.659. Median polarization level in the chamber is 1.592, policy is below 1995 levels at 1.616, and finance is at 1.651. House Republicans have moderated to 0.648 in the chamber, and 0.716 in policy, both constituting very sharp drops, and at least in policy that the 2005 spike may have been an outlier. The House policy DFL median score has also become relatively moderate at -0.900, and homogeneity has returned to previous levels, falling 0.409.

Throughout the observation the Senate chamber median polarization only fluctuated 0.09 points, now resting at 1.416. Concurrently the chamber median score saw just as little movement, and it has settled just below its 1995 starting point. Within the policy committee the Republicans fortified over time by 0.425 points and now perch at .699. The DFL median is making its way back to the moderate stand it took at the beginning, helping to create the lowest level of median polarization in finance, 1.128, since 1995.

With all committees operating within the Informational framework, it is appropriate to expect a health bill that would serve their jurisdictions properly. Rep. Huntley's HF 1078 would pass, yet it would do so along strong party lines: 95-38 in the House (85-49 DFL majority); and 43-23 in the Senate (44-23 DFL

majority.) The Republican minority within House policy proves far more partisan than their DFL counterparts, with even six of seven committee members voting in opposition in the chamber (Rep Abeler is the only vote in favor.) The bill appropriates the most generous amount to date to the CCDTF, \$78,225,000 and \$88,957,000 for Tier I, and Tier II continues at levels set in 2003.

Table 7. Ideological Levels: 2007-2008

HOUSE OF REPRESENTATIVES		SENATE CHAMBER	
Chamber		Chamber	
Median Polarization	1.592	Median Polarization	1.446
Mean Polarization	0.983	Mean Polarization	0.979
Speaker	-1.501	Majority Leader	-0.608
Standard Deviation	0.873	Standard Deviation	0.923
Majority Standard Dev.	0.345	Majority Standard Dev.	0.394
Policy Committee		Policy Committee	
Chair	-1.259	Chair	-1.209
Theory: ILO	-0.019	Theory: ILO	-0.026
Median Polarization	1.616	Median Polarization	1.846
Majority Median	-0.900	Majority Median	-1.203
Mean Polarization	1.300	Mean Polarization	1.411
Majority Mean	-1.006	Majority Mean	-1.253
Standard Deviation	1.009	Standard Deviation	1.037
Majority Standard Dev.	0.409	Majority Standard Dev.	0.161
Finance Subcommittee		Finance Subcommittee	
Chair	-1.221	Chair	-1.512
Theory: ILO	-0.009	Theory: ILO	0.036
Median Polarization	1.651	Median Polarization	1.687
Majority Median	-0.931	Majority Median	-1.209
Mean Polarization	1.243	Mean Polarization	1.365
Majority Mean	-0.984	Majority Mean	-1.182
Standard Deviation	0.931	Standard Deviation	1.024
Majority Standard Dev.	0.406	Majority Standard Dev.	0.280

The 2007-2008 biennium ends the research period much as it began. There is strong support for treatment in a majority party historically known for such effort. Levels of polarization are relatively low, especially in the House, which produces the beneficial bill. Again, there is a strong number of factors acting in concert against potential detractors.

Results and Considerations

There is considerable effort toward resolving the multitude of challenges that arise surrounding chemical dependency. The amount of scholarship regarding how and why we experiment with substances to begin with, whether we become dependent or addicted, and whether we succeed at treatment is staggering, yet the focus on treatment remains on the mechanisms and factors in place near the end of the process: willingness to change, quality of counselor or facility, or adequate recovery environment, for example. The intent of my research is to propose a novel way of viewing the challenges that confound our system: to look much further back along the process, back to its political origins.

By observing the historical context of the laws that have come to shape our current system, we can see there had been considerable bi-partisan effort during the drafting and passage of the legislation that would be seen as pioneering in the field of treatment; decriminalization of public intoxication; establishment of county-based treatment centers; and innovation in funding through the Consolidated Chemical Dependency Treatment Fund. For every decade there were strides forward in improving access, funding, and levels of care. My research of the legislative sessions between 1995-2008 reveals a seeming more volatile environment for the creation of stable and sustainable treatment policy.

Throughout my research I examine the climate through numerous lenses to collect as robust a perspective as possible. I use all available Shor-McCarty ideological data for Minnesota from 1995-2008 to build ideological databases for the House of Representatives as well as its Health and Human Services policy committee and finance subcommittee. I then do the same for the Senate, thereby allowing dozens of techniques for observation. I calculate median (mid-point) polarization trends for each body over time for familiarity and ease of use. In addition, I verify these trends by the creating mean-based (average) polarization trends for each body over time. Next, calculating the standard deviation from the mean for each body over time checks homogeneity, the standard measure of cohesion and autonomy.

These measures reveal the inter- and intra-party dynamics of a given session, and together offer a splendid examination of partisanship. Yet, I need to know more about the decision making process for each session. I use three varying theoretical frameworks regarding committee and party behavior and strategy. Krehbiel's (1991) Information and Legislative Organization theory shows how committees, when comprised of knowledgeable and/or experienced members, creates legislation that is beneficial for the jurisdiction of the committee and/or for the legislature as a whole. Narrowing this perspective slightly there is the theory of Rohde's (1991) Conditional Party Government, which claims that through committee appointment the majority party can draft and pass legislation only upon consensus of the party, and that party leaders will not attempt to prohibit passage of said legislation. An even more partisan perspective on the potential function of committees is that of Cox and McCubbins (1993) Major Party Cartel in which the majority party leadership strategizes a legislative agenda

most beneficial to the needs of the leadership and uses its power of committee appointment to sit those who are most willing to satisfy said agenda.

By applying committee member ideological data into each of these three frameworks and identifying that which gives greatest cohesion I ascertain the overall desired strategy or method of decision making within a committee, chamber, and session. My research shows the Informational theory to be most widely used, yet only by the DFL-majority, in fourteen of twenty committees, or seventy percent. The Conditional Party Government theory applied to six of twenty DFL committees (thirty percent) and two of seven Republican committees (thirty percent). The Major Party Cartel theory, while never used by the DFL, was favored by Republicans in five of seven committees, for seventy percent. Hence, Conditional Party Government theory was either for more partisan (DFL) or more moderate (Republicans) environments.

My research reveals that individually none of either the ideological measures or theoretical frameworks is strong enough to define any given climate. Certainly, polarization is more clearly understood within the appropriate frame, and verification of any theory is only truly complete with accompanying ideological data. Not only do they support themselves, they can and will in conjunction nullify the properties of another, whereas an applicable framework can be dismantled if polarization and standard deviation override the effect.

What does this bear on CD treatment in Minnesota? Legislatively speaking the most pivotal moment in the period is that of the passage of HF 6 in 2003. Many in the counseling

profession feel the elimination of Tier III funding, women's ancillary services, and youth-oriented programs, along with the effective defunding of Tier II have had the most impact on treatment services in Minnesota. Looking to the political elements leading to the bills passage we can see the following: both extremely high median polarization and scores in both House and Senate, lower levels of cohesion among the DFL minority, and a large Republican majority operating under the Conditional Party Government and Major Party Cartel frameworks. In other sessions there are enough elements to offset dominant theories, yet in 2003 there are not. To follow the trends over time is to witness a great climax within this very session, and an easing of tensions afterward.

While this thesis does not contend to offer any type of definitive answer to the challenges of CD treatment, it does offer a fresh means of understanding the climate in which stable policy can thrive, and that in which it cannot. Future considerations for those who both advocate for stable policy and those who create it are to observe and promote a healthy committee environment. The research shows the current tendency for strides ahead followed by hesitation and reluctance. The rich history of chemical dependency treatment in Minnesota is one of bipartisan agreement and progress, initiated by those who understand the vast costs of addiction and the incredible benefits of treatment. The results of my investigations shows that yes, there is truly a political origin to the system of treatment, and just as the environment for recovery is essential to its success, such is true for the creation of stable and sustainable legislation that drives said treatment.

Appendix A: Minnesota House of Representatives

Figure 1. Median Polarization by Body: House of Representatives

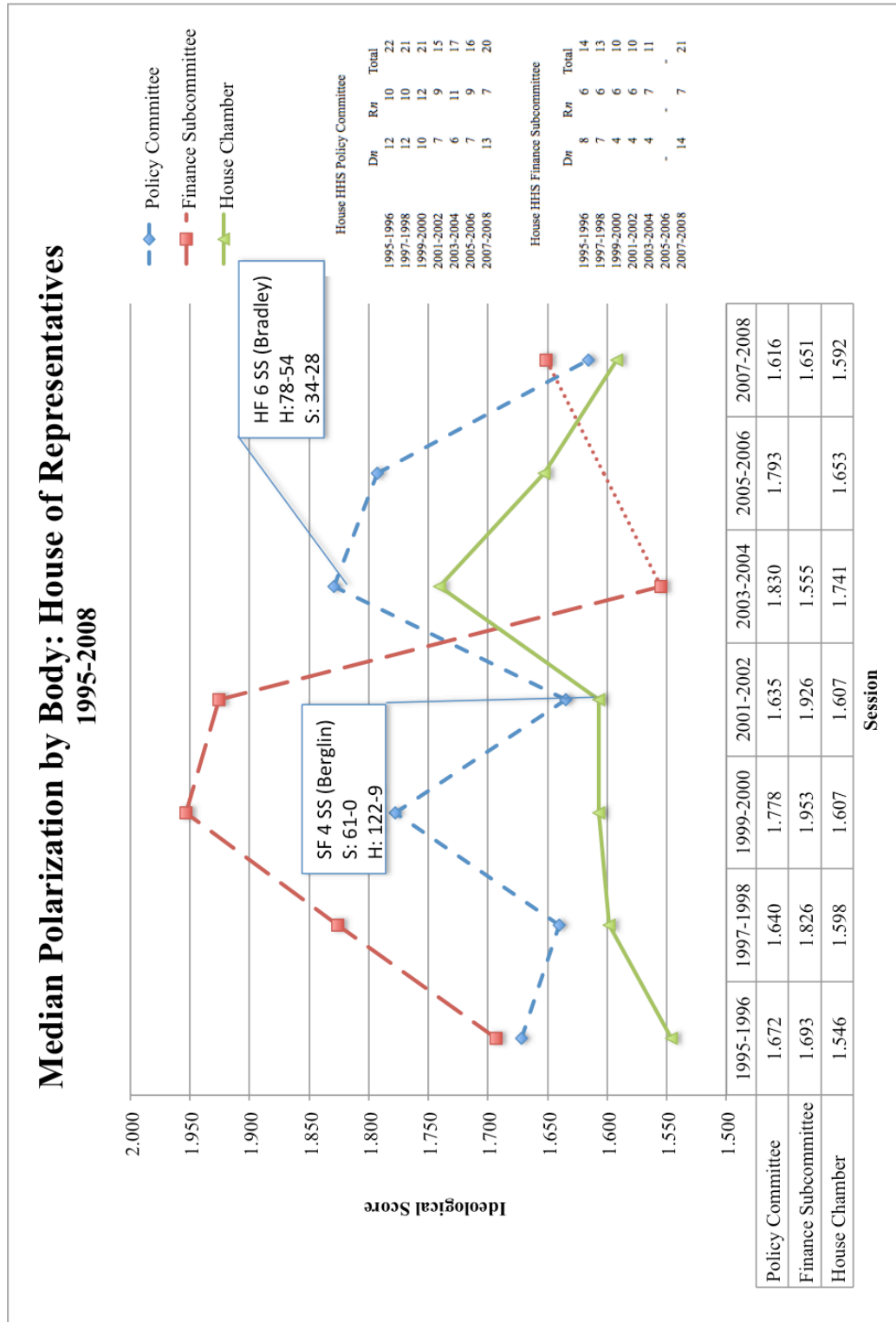


Figure 2. Median Ideological Score by Body: House of Representatives

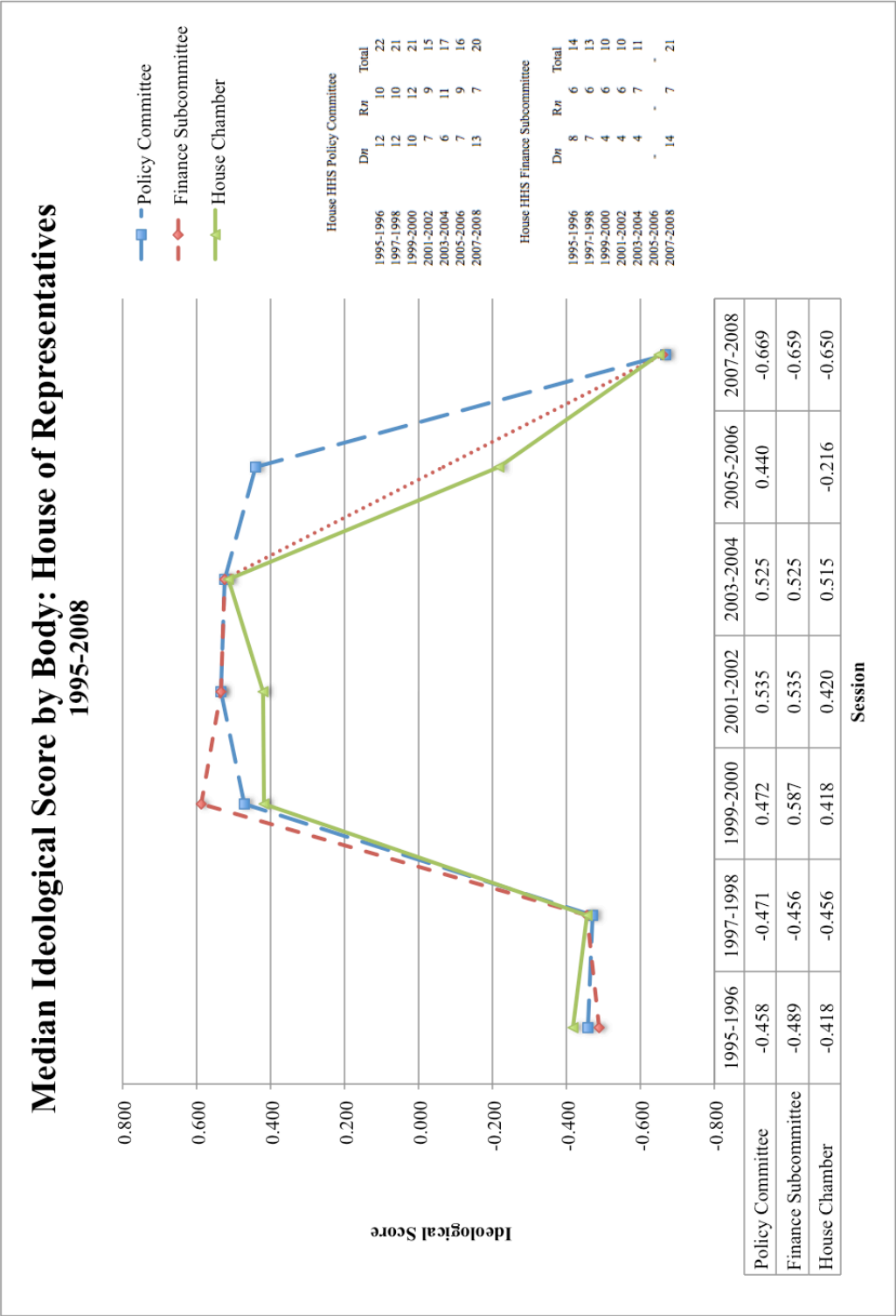


Figure 3. House Republican Median Ideological Score by Body

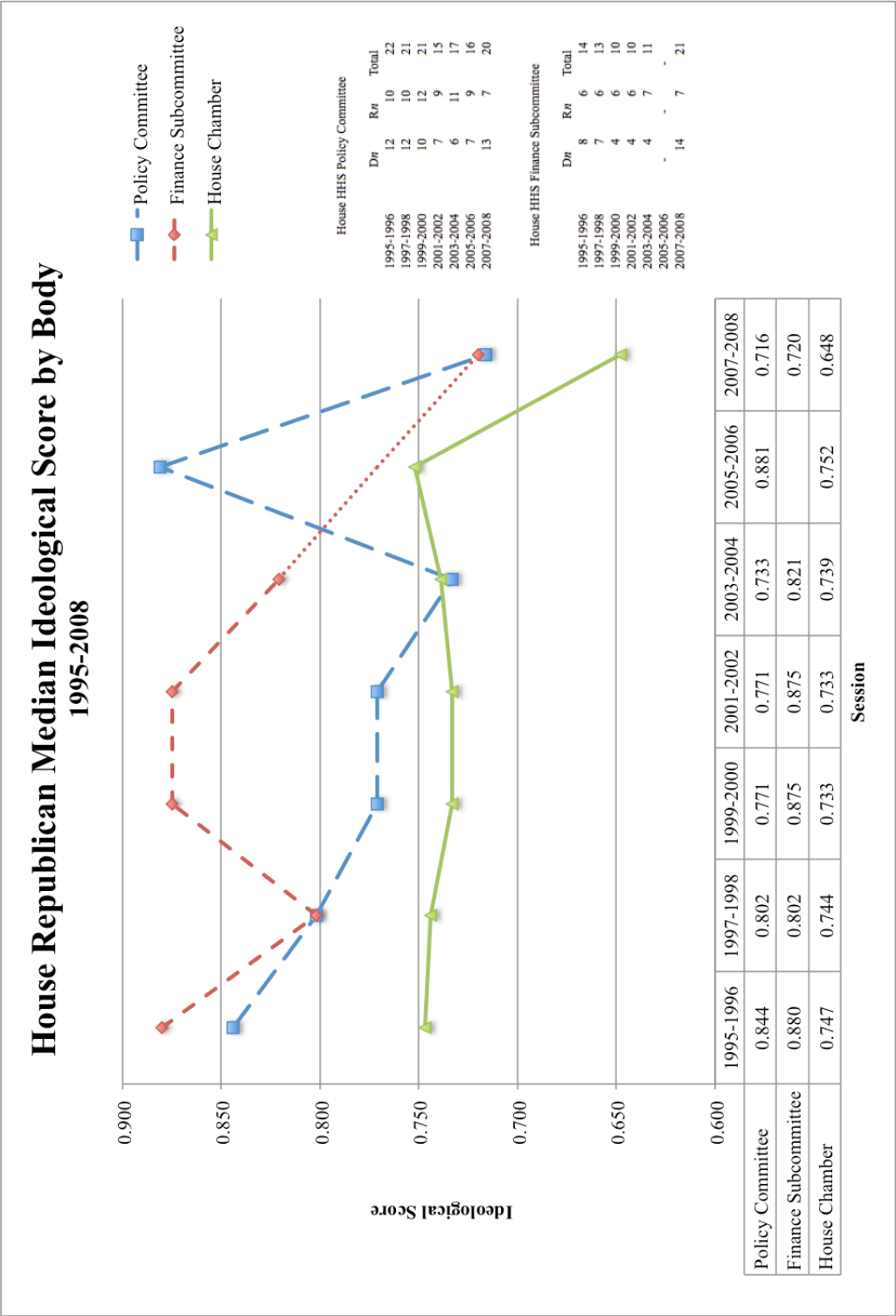


Figure 4. House DFL Median Ideological Score by Body

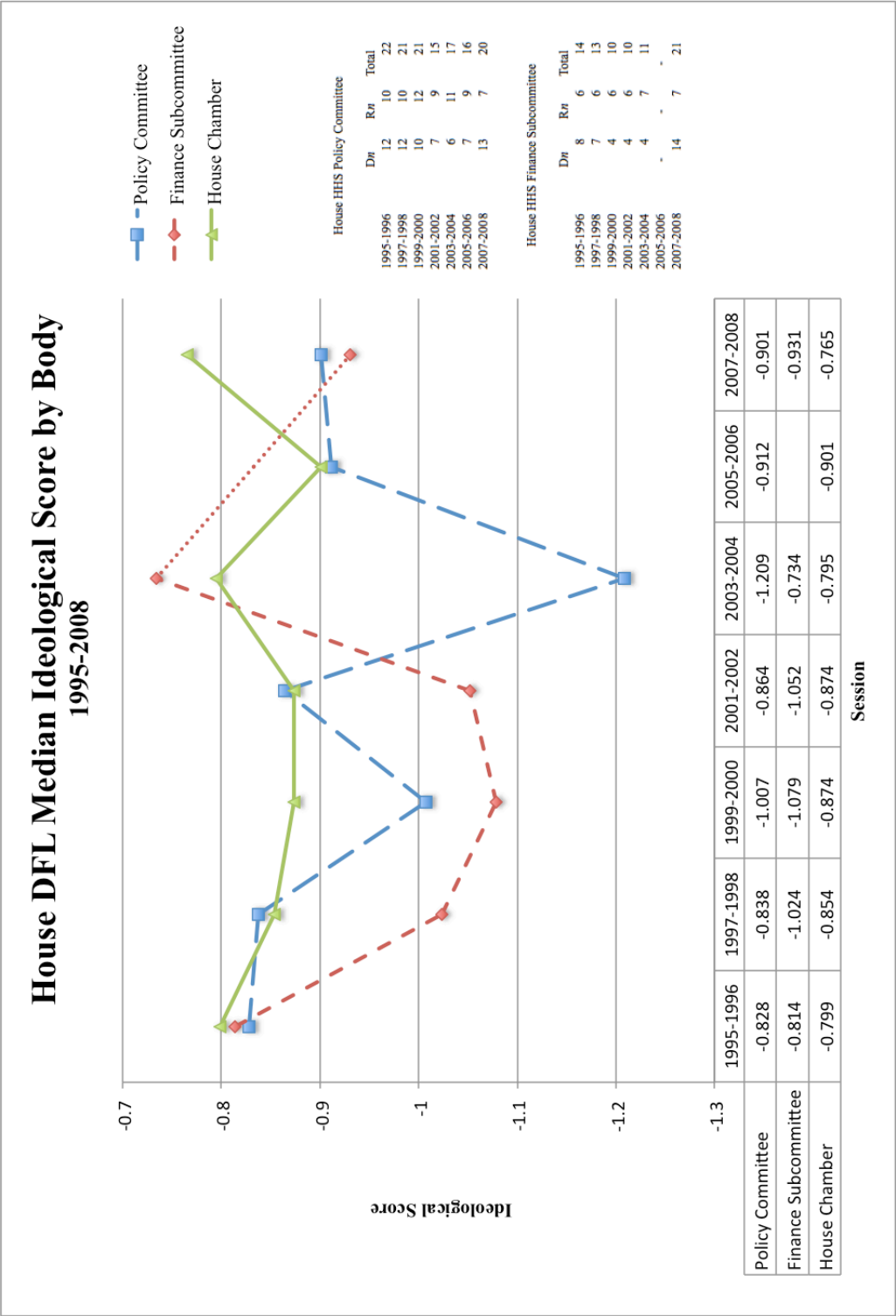


Figure 5. Mean Polarization by Body: House of Representatives

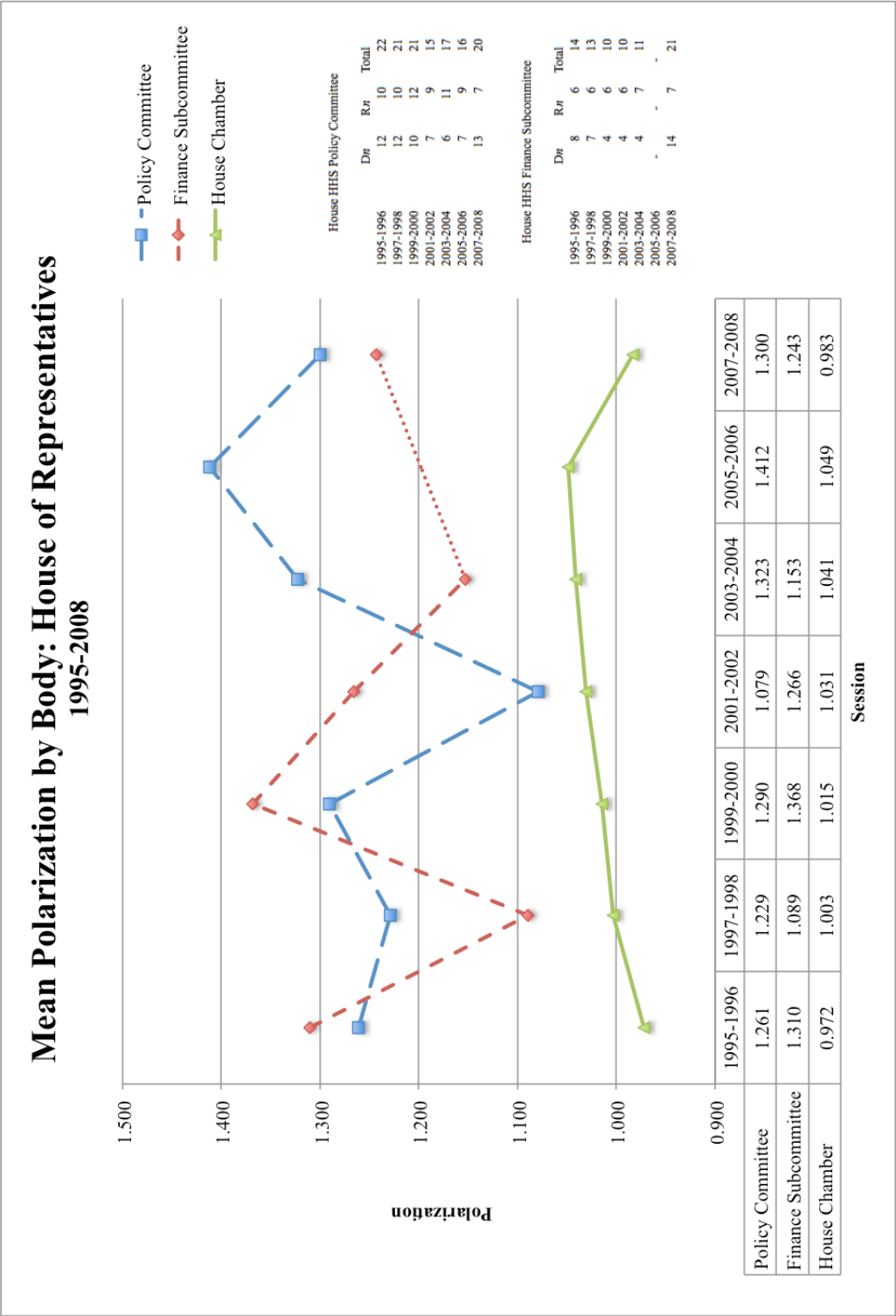


Figure 6. Mean Ideological Score by Body: House of Representatives

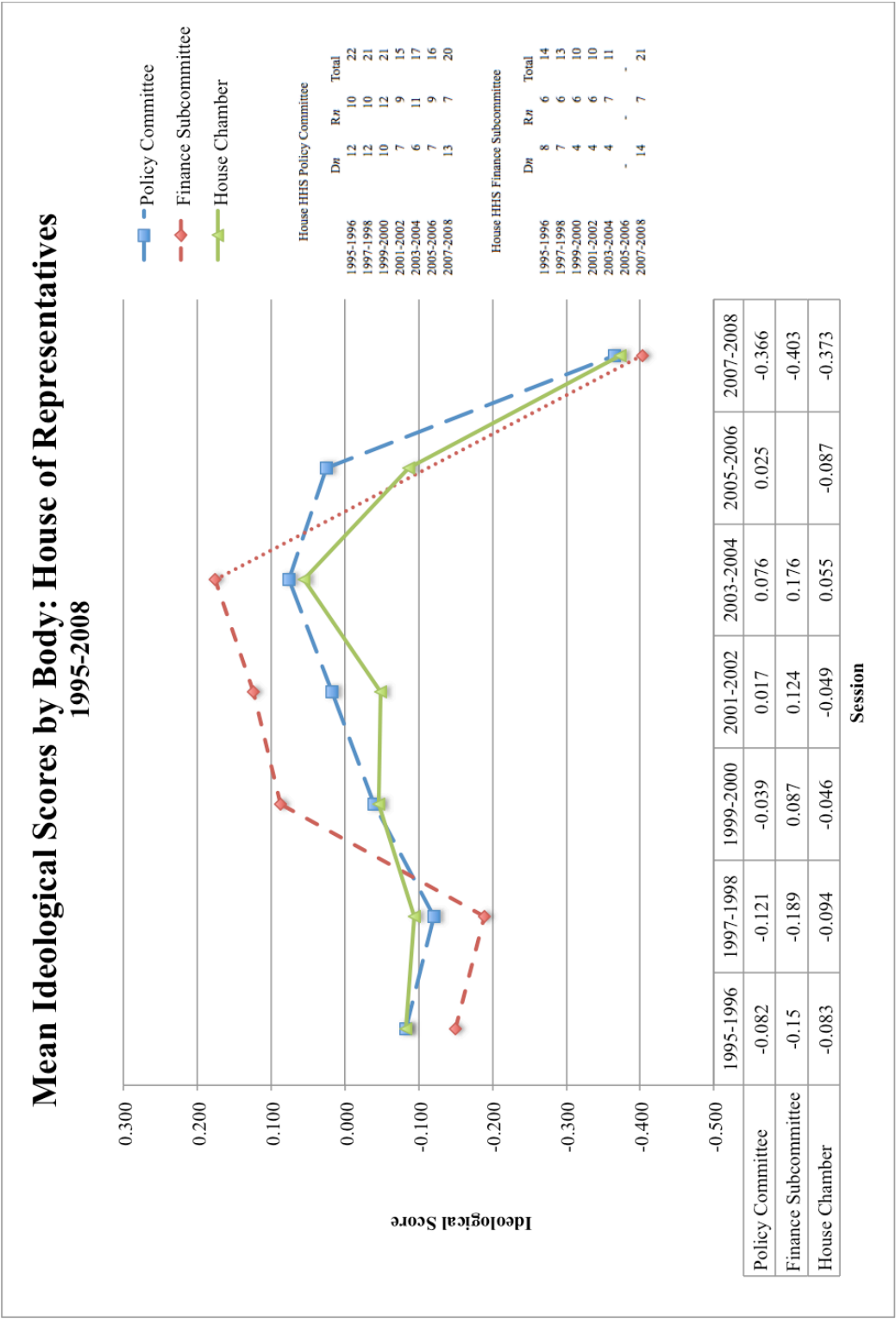


Figure 7. House Republican Mean Ideological Score by Body

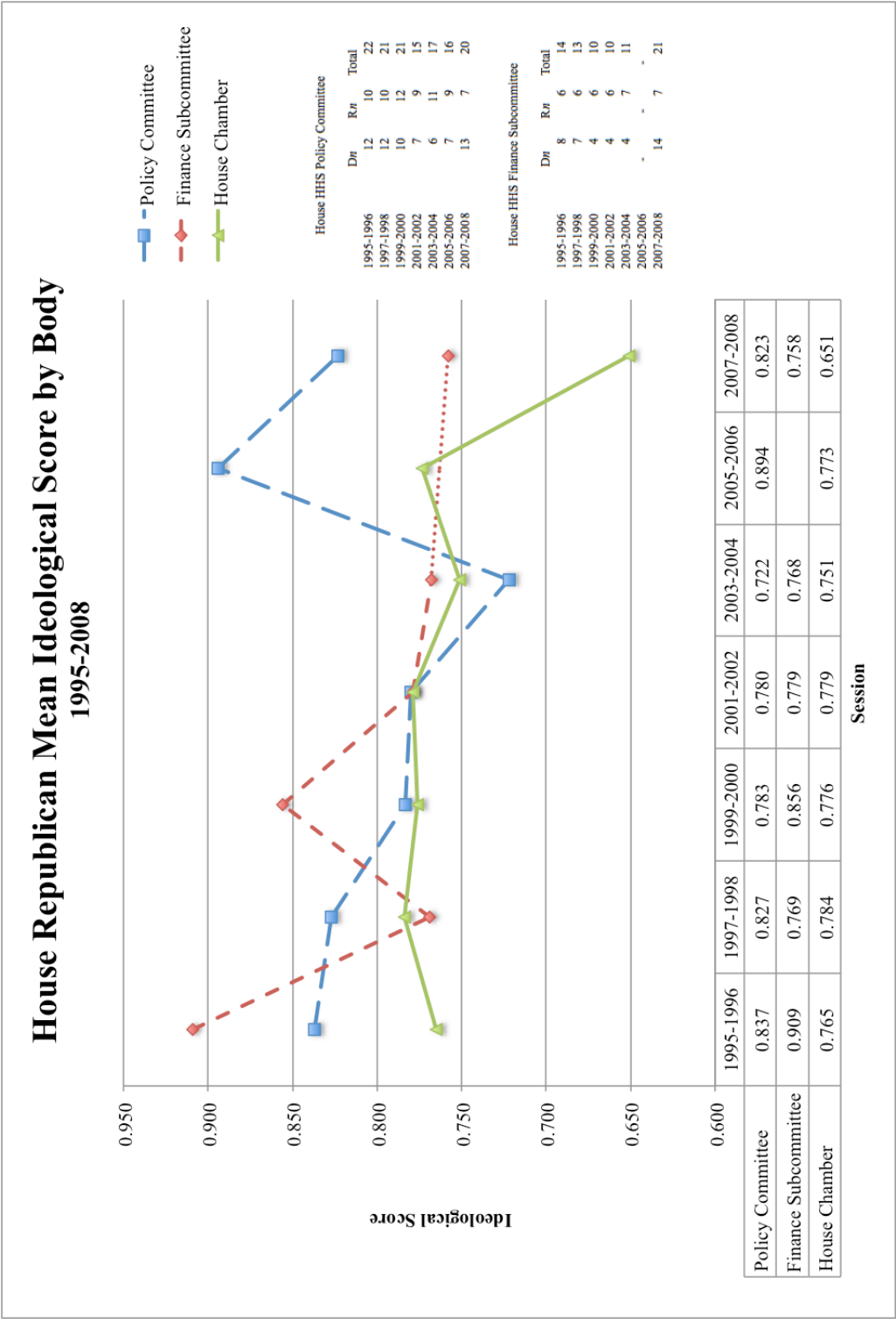


Figure 8. House DFL Mean Ideological Score by Body

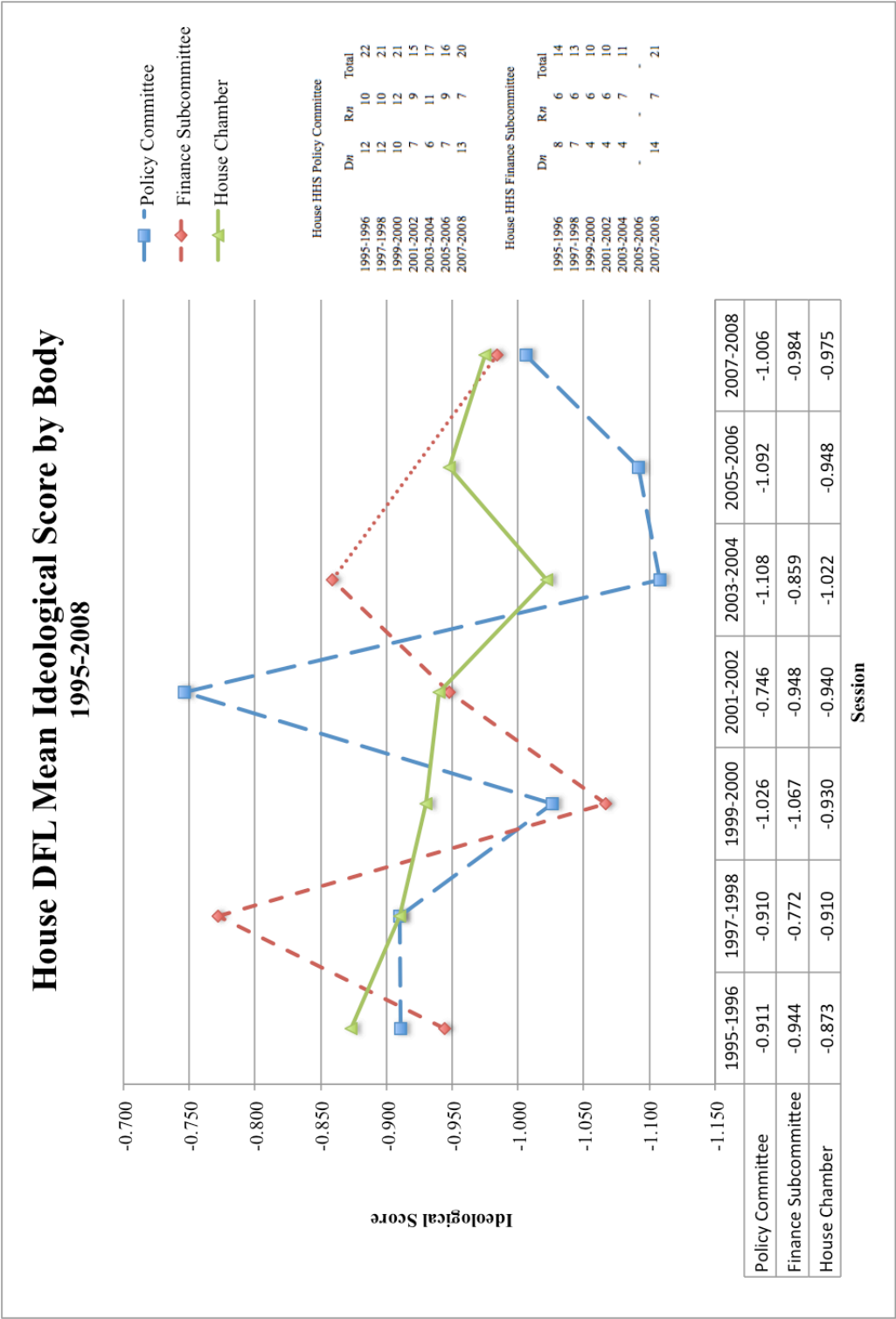


Figure 9. Standard Deviation by Body: House of Representatives

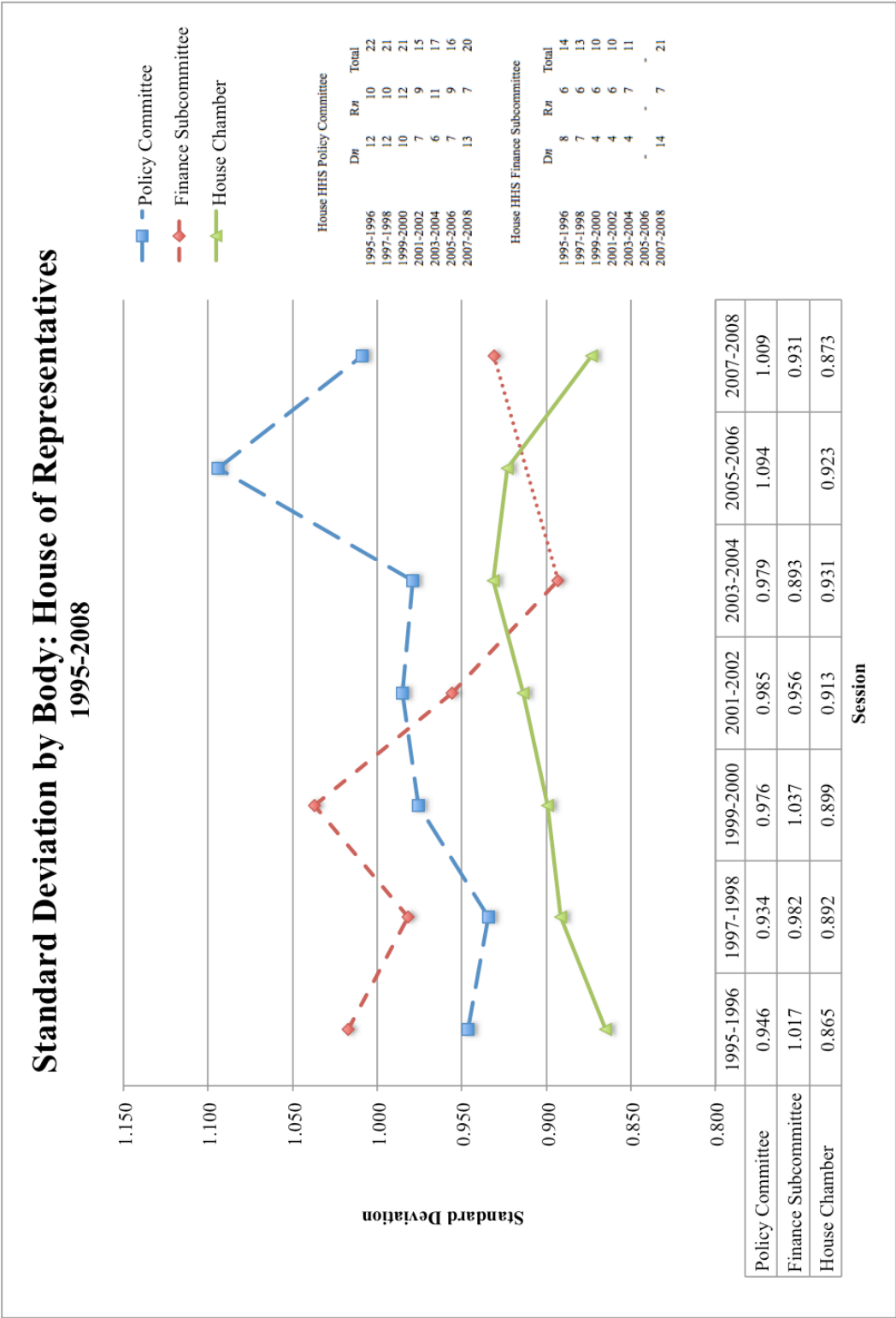


Figure 10. House Republican Standard Deviation by Body

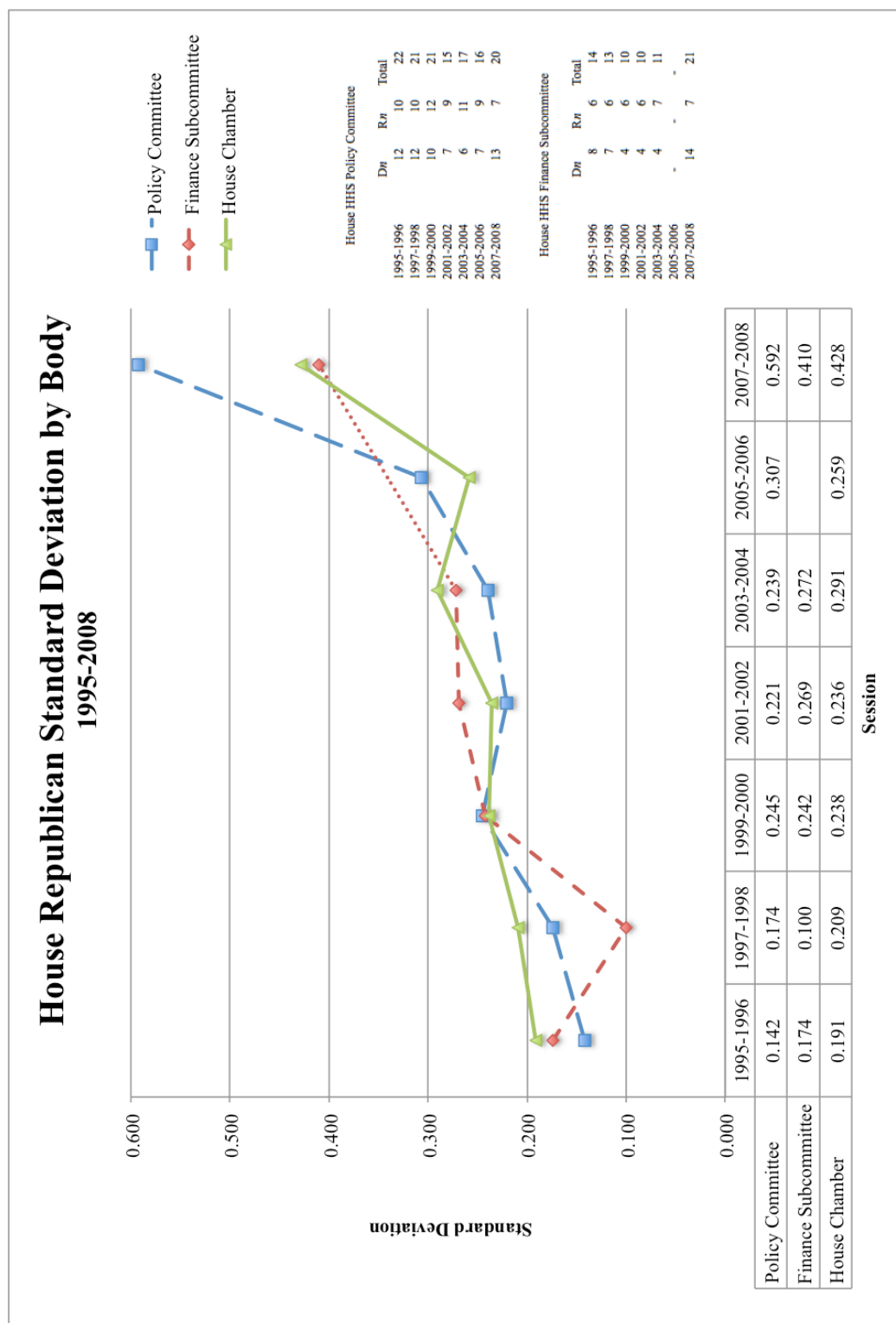


Figure 11. House DFL Standard Deviation by Body

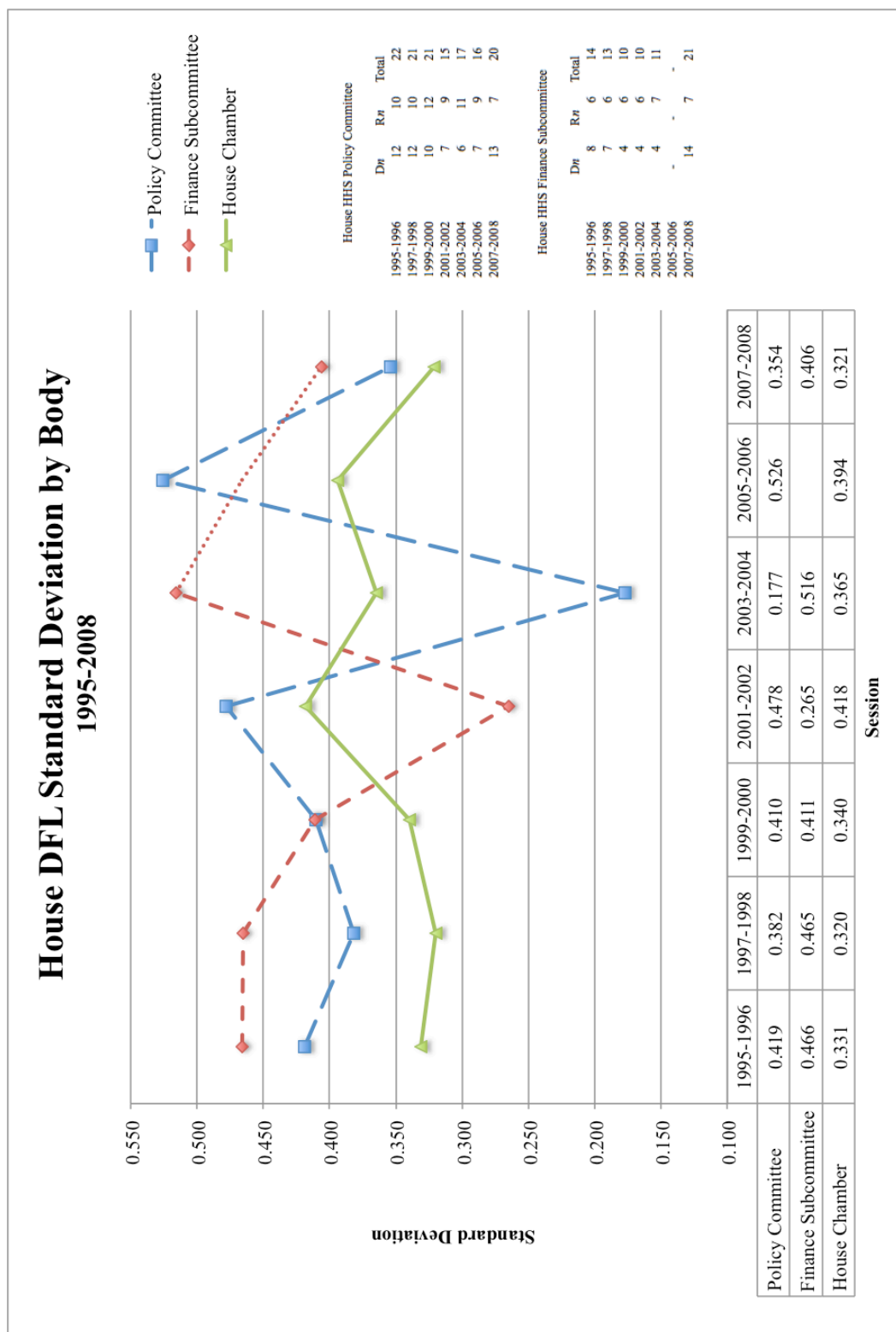
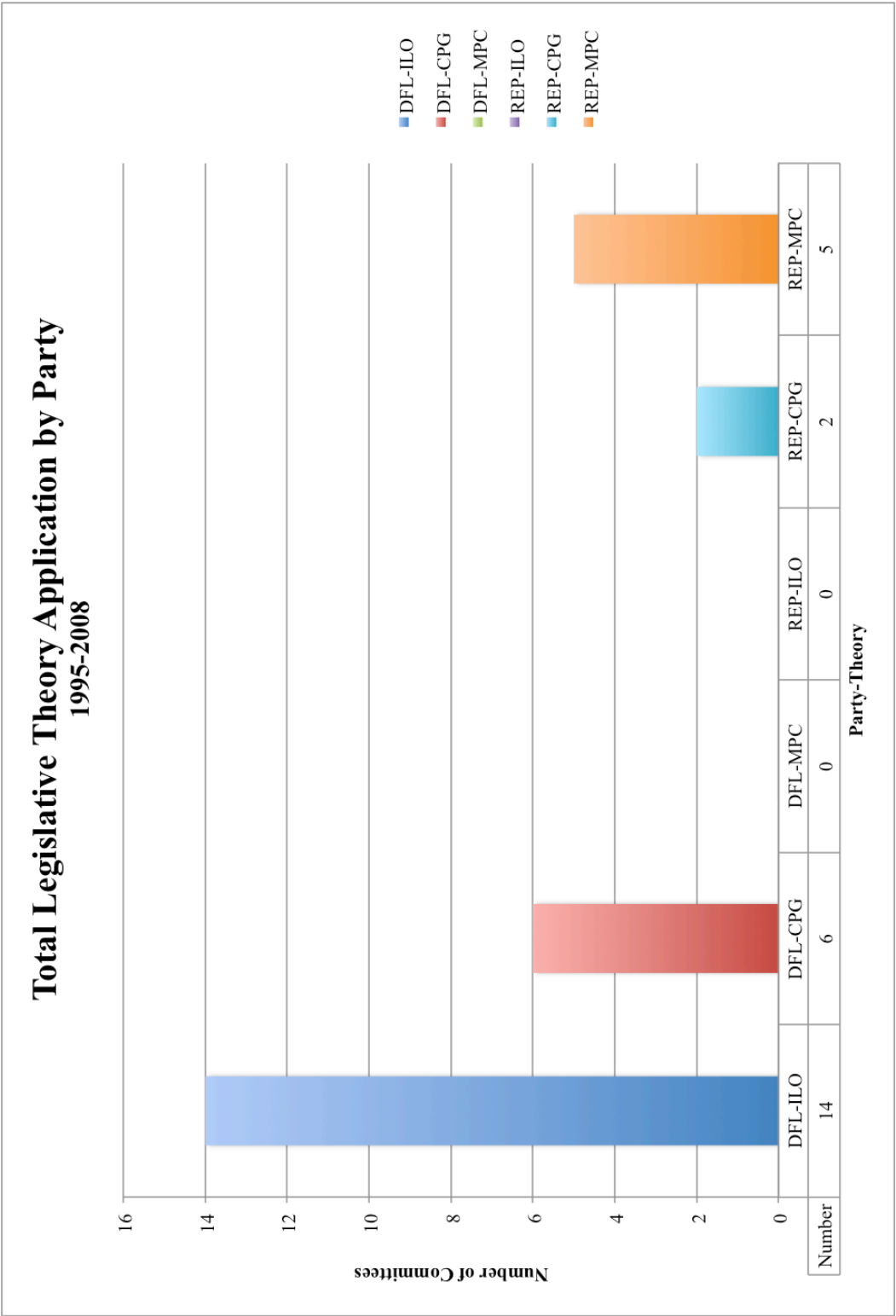


Figure 12. Total Legislative Theory Application by Party



Appendix B: Minnesota Senate

Figure 13. Median Polarization by Body: Senate

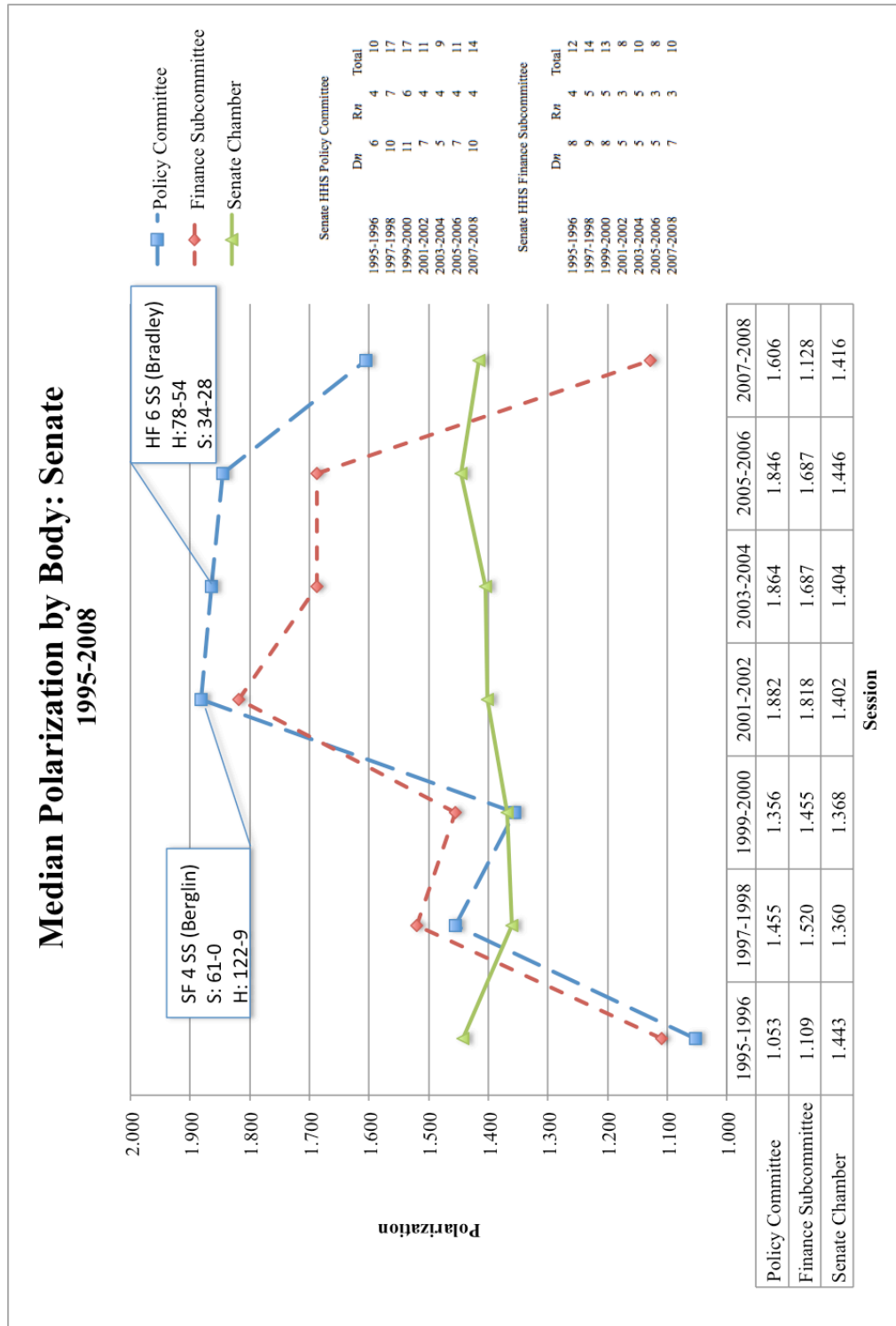


Figure 14. Median Ideological Score by Body: Senate

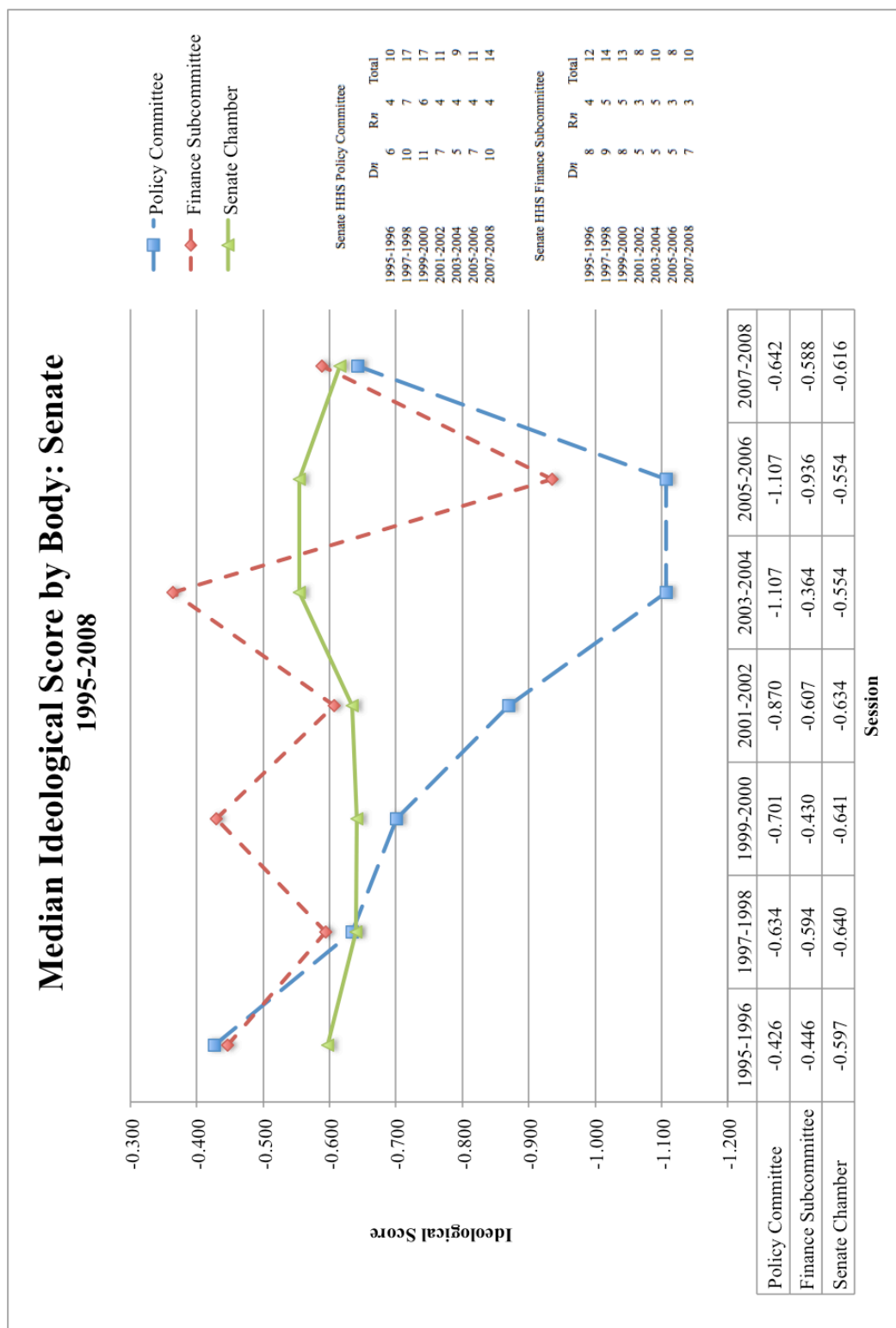


Figure 15. Senate Republican Median Ideological Score

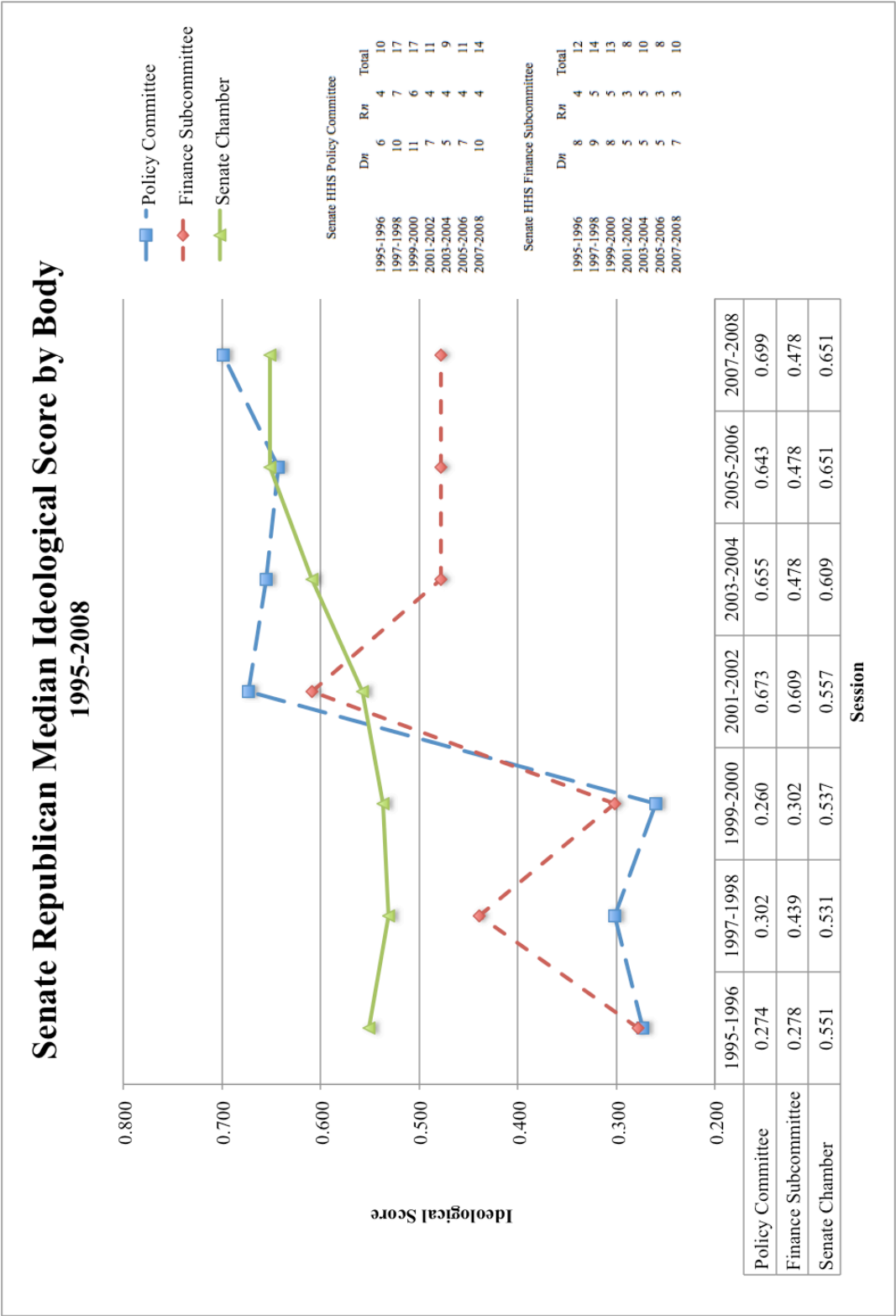


Figure 16. Senate DFL Median Ideological Score by Body

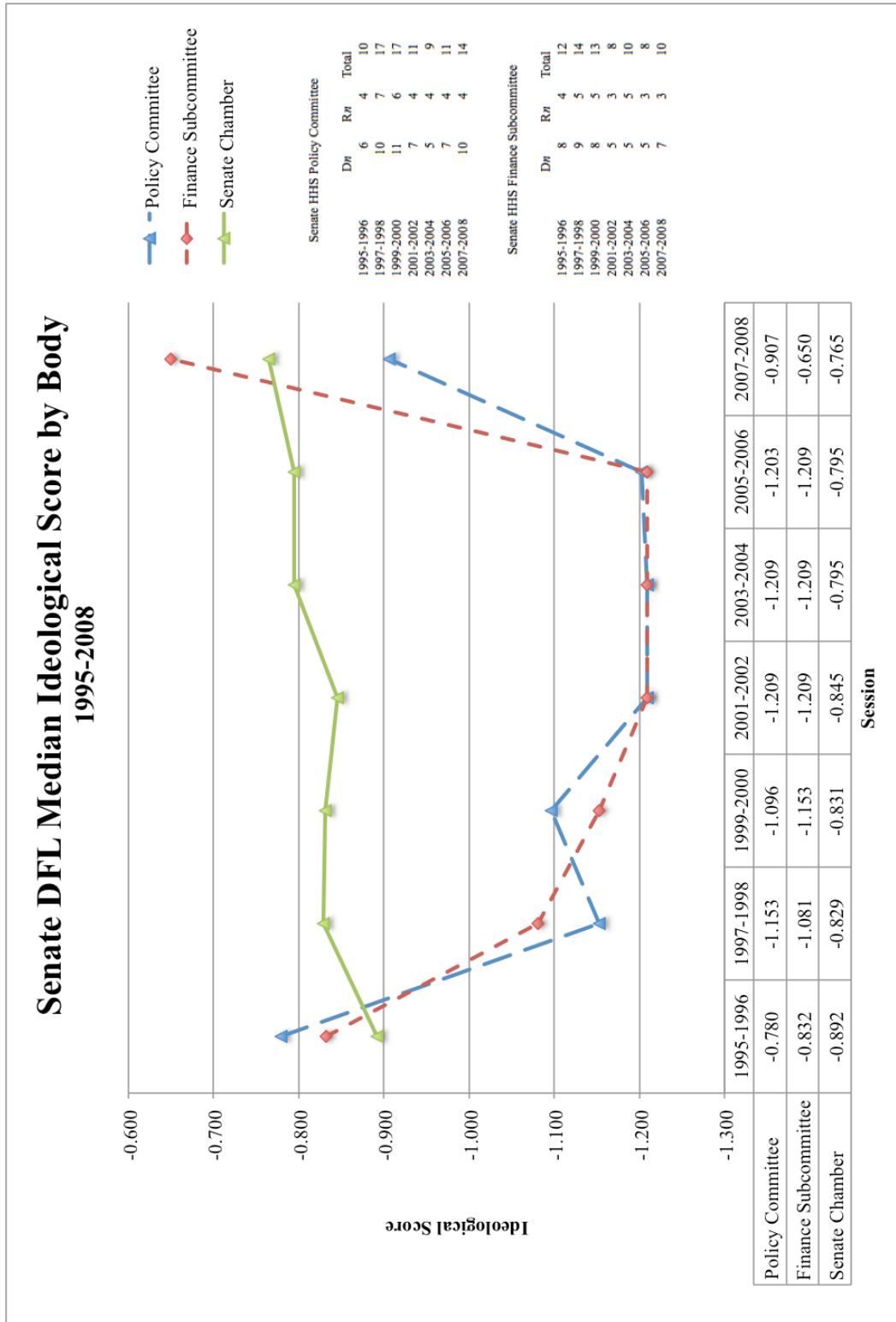


Figure 17. Mean Polarization by Body: Senate

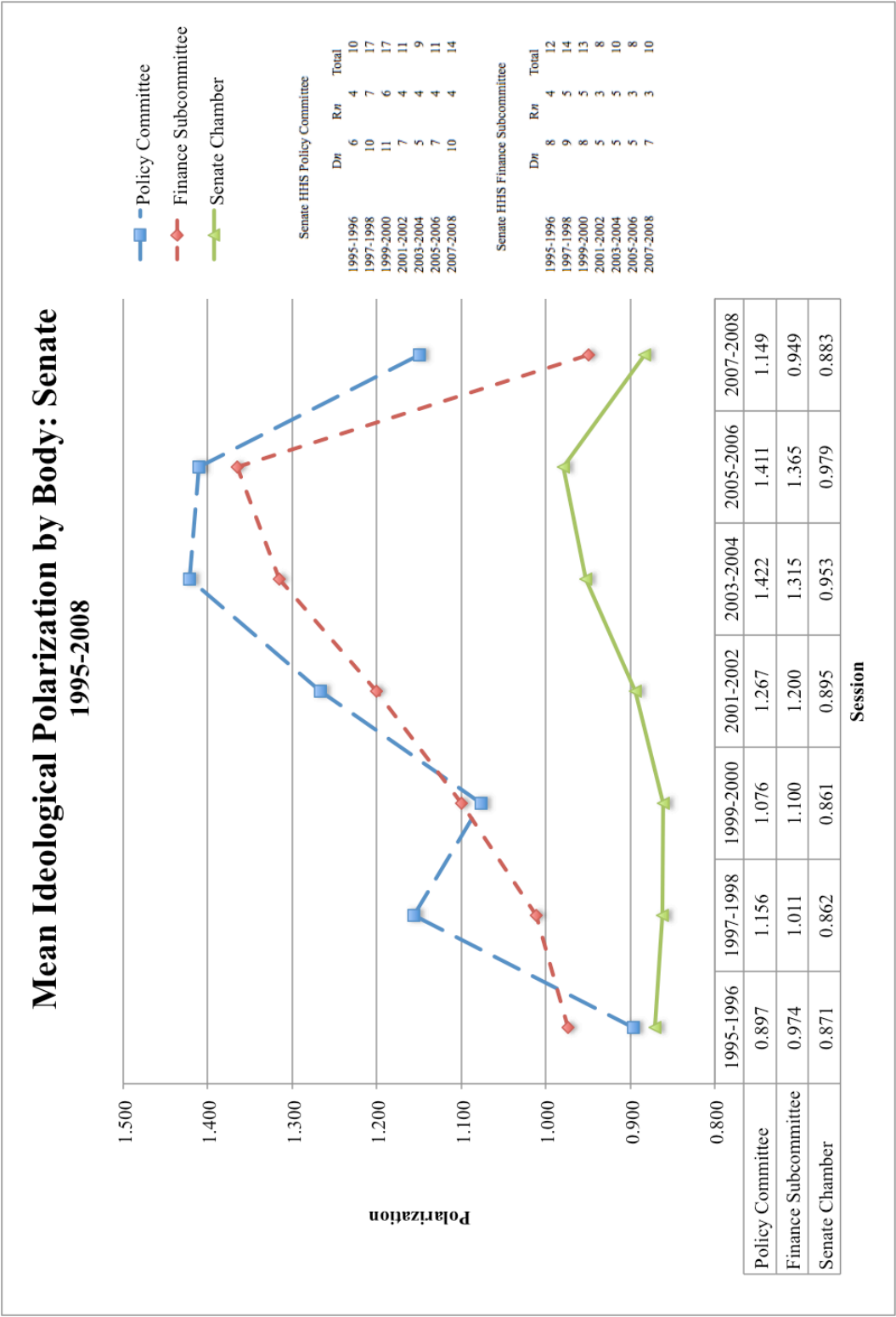


Figure 18. Mean Ideological Score by Body: Senate

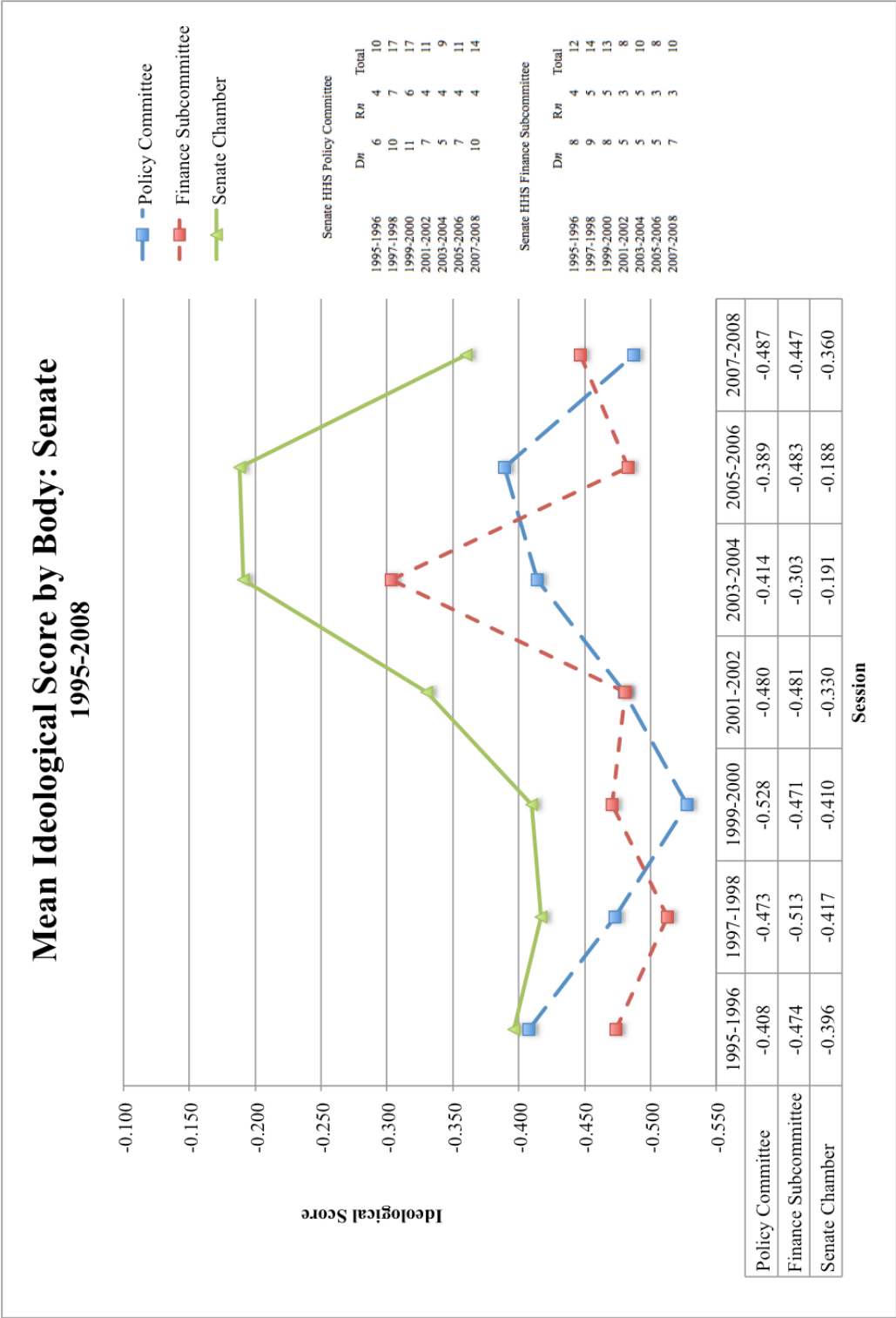


Figure 19. Senate Republican Mean Ideological Score by Body

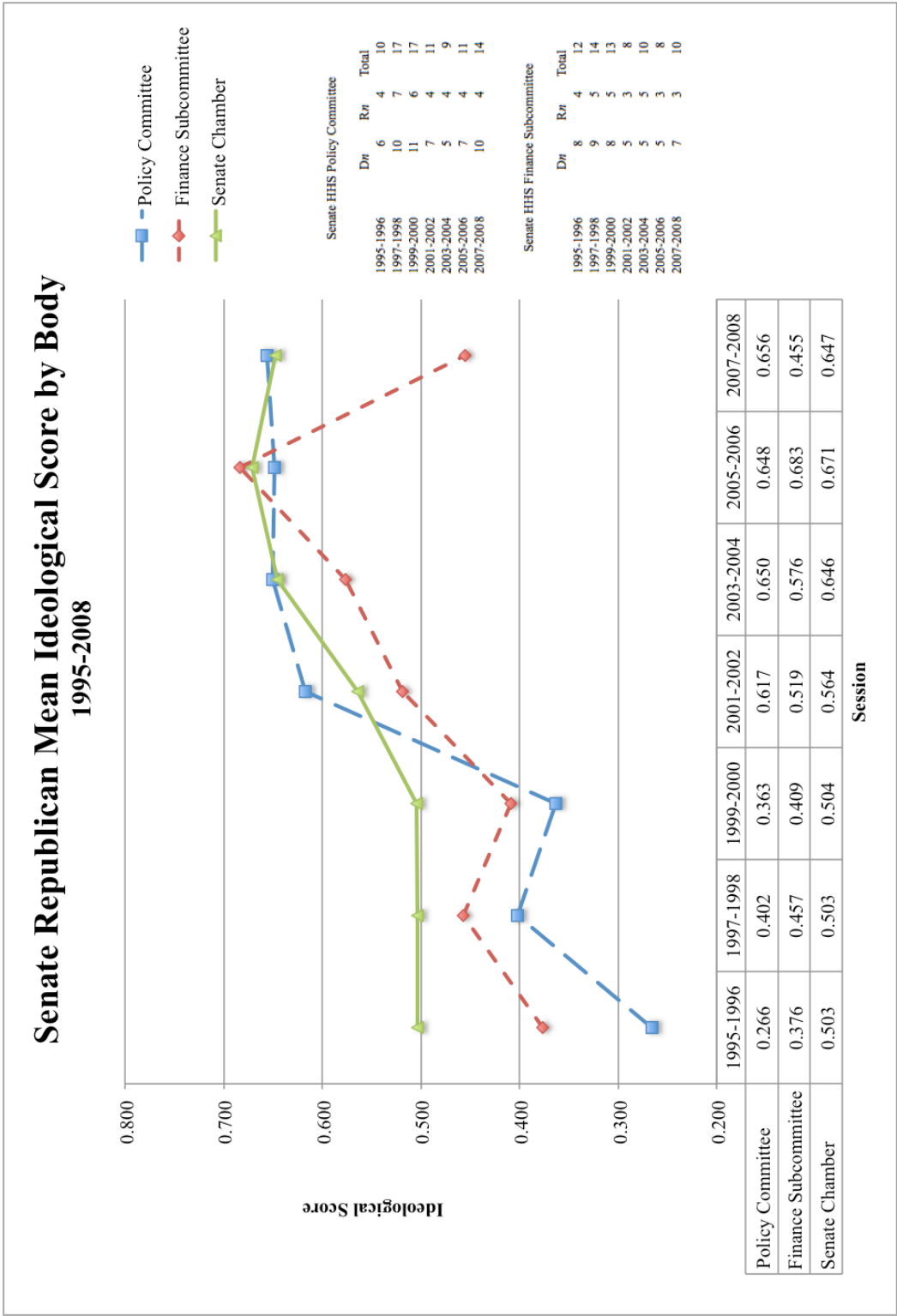


Figure 20. Senate DFL Mean Ideological Score by Body

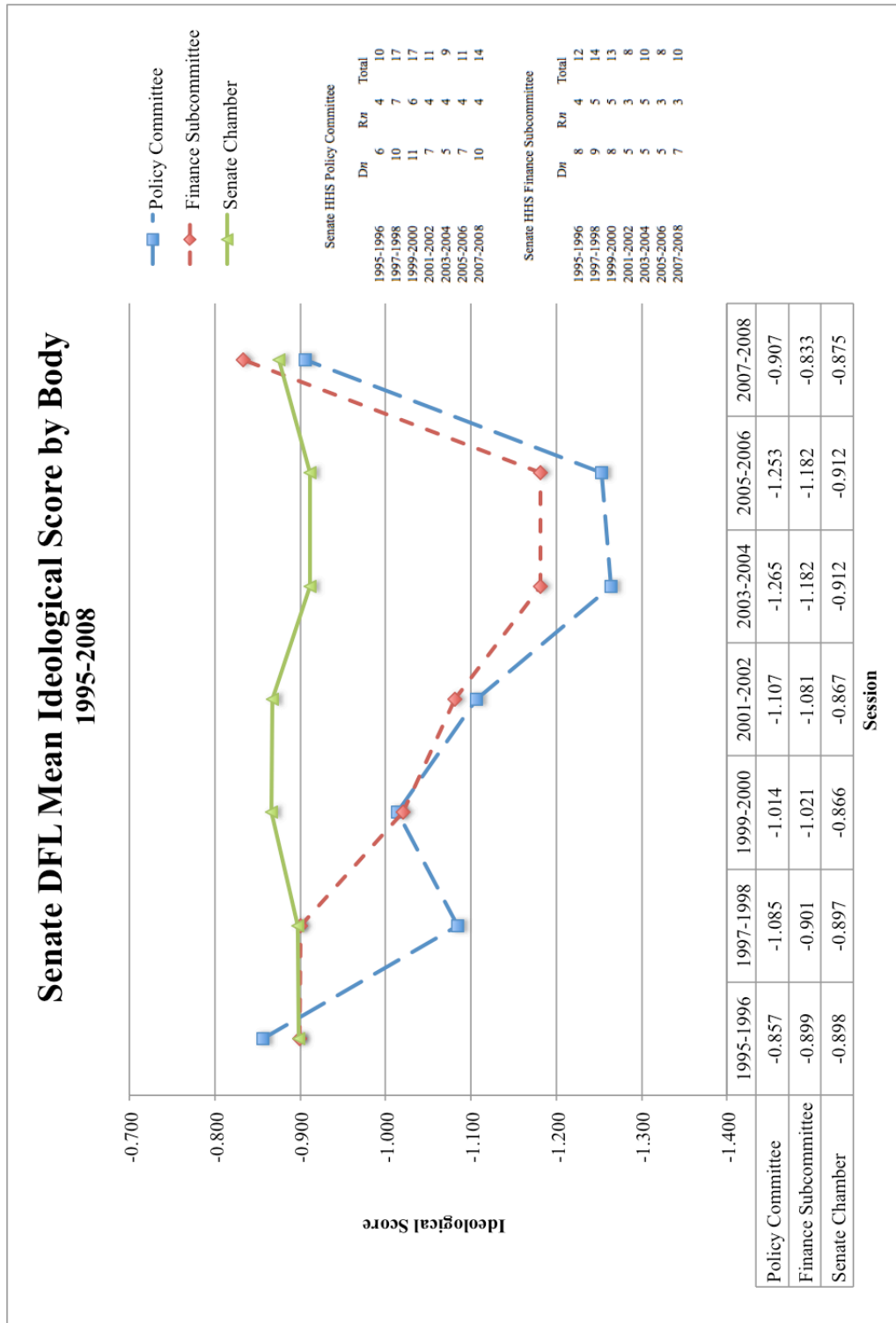


Figure 21. Standard Deviation by Body: Senate

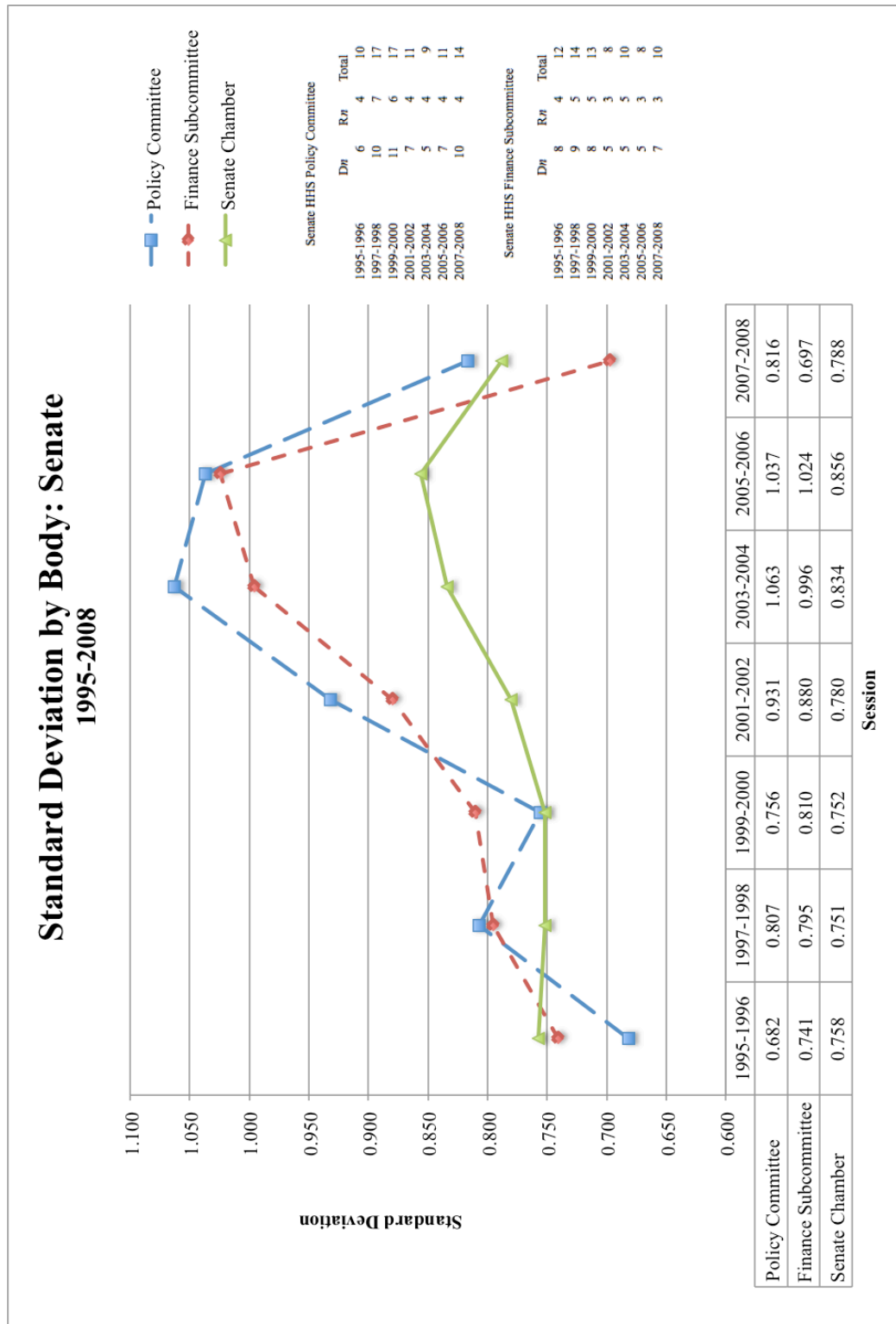


Figure 22. Senate Republican Standard Deviation By Body

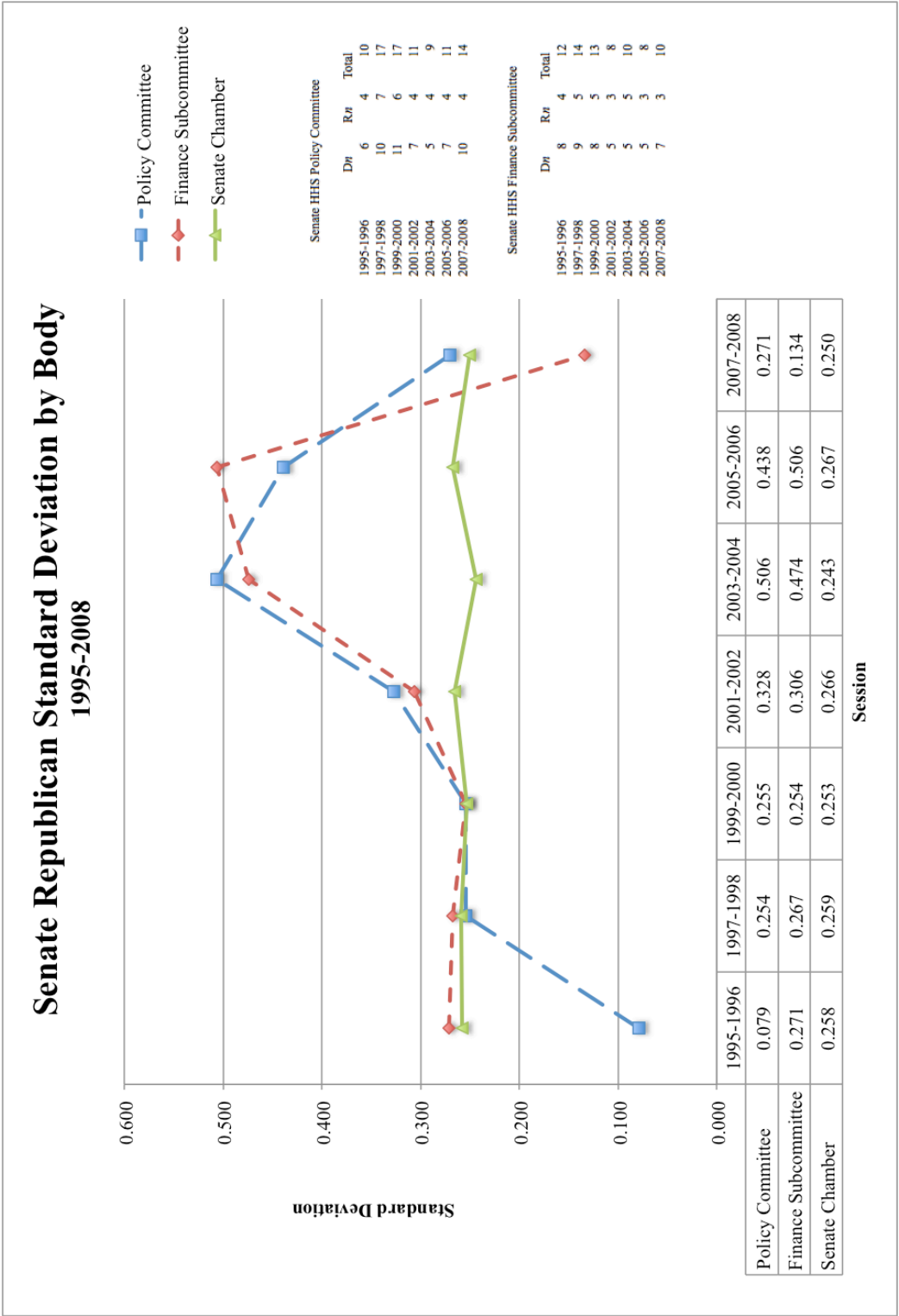
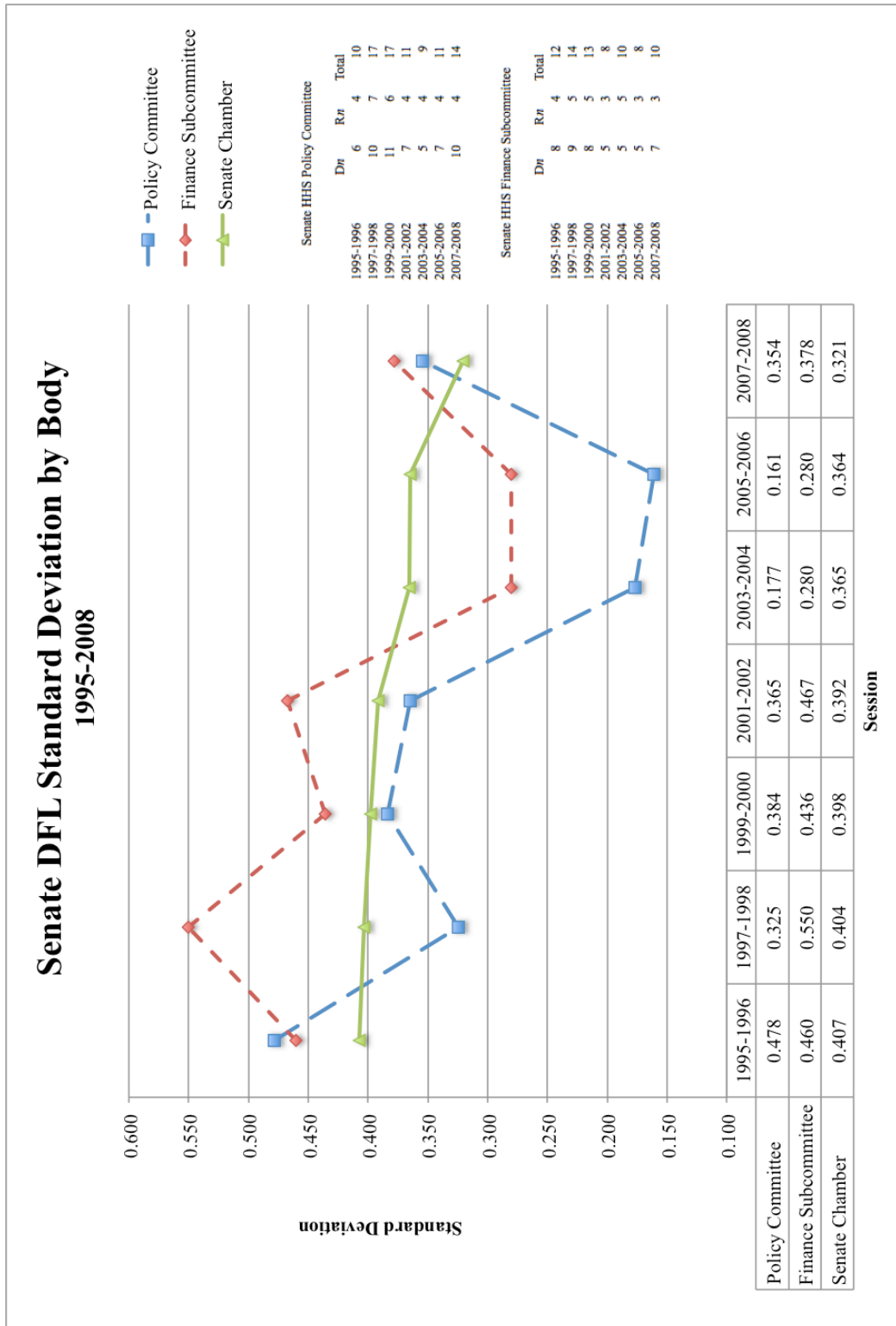


Figure 23. Senate DFL Standard Deviation by Body



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